



CITY OF DURHAM

**2018-2019 EMPLOYEE
BENEFITS GUIDE**

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A MESSAGE FROM THE HUMAN RESOURCES DEPARTMENT

Welcome to the City of Durham's 2018-2019 open enrollment season! As you read this guide and review the many healthcare options available to you and your family, you'll notice an enhanced level of commitment to improving the health of all our employees.

This year, we're providing more tools to help you take charge of your health in new ways. As always, you'll have the opportunity to tailor your benefits to fit the needs of you and your family. We're offering more personalized benefits designed to put you in control of your health and help you on your way to a happier life.

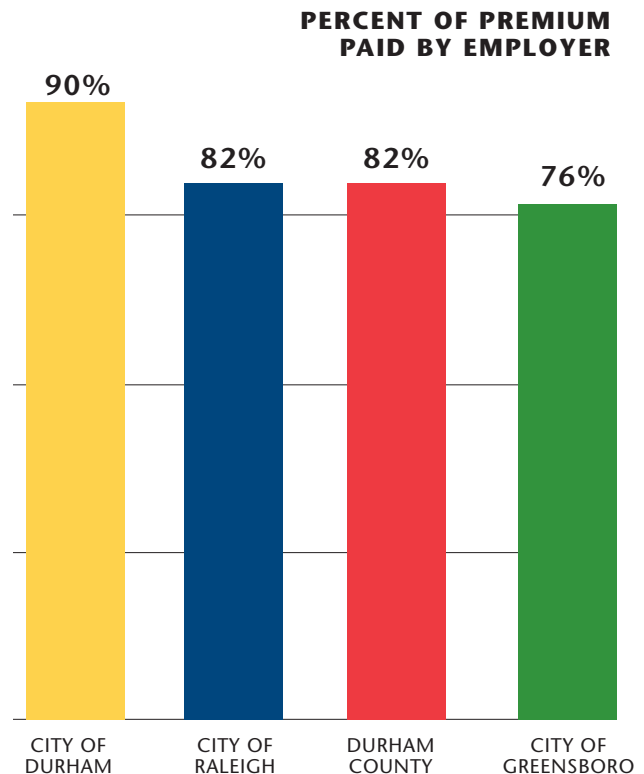
Going Beyond the Numbers — Taking Control of Your Health

Now that employees have a better idea of their individual health status based on past biometric screening, health assessments and other wellness activities, it is time to take control of your health!

The City not only wants employees to know what their numbers are, but also wants to give employees more opportunities and educational tools to make necessary changes in order to live their healthiest life. We are committed to supporting your wellness journey by offering resources and an environment that will help you reach and maintain your health and fitness goals.

Keeping Healthcare Affordable

Rising healthcare costs continues to be the number one reason why employers increase medical premiums. The City continues to offer plan options that are more affordable than many of our peers. This coming benefits year, the City of Durham will pay an average of 90% of the premiums for employees, and we continue to offer a free employee-only option. Completing the annual Wellness Rate requirements also enables employees to earn a discount on their monthly premiums.



Important New Benefits Options and Changes

The City of Durham has a new partner for health care administration – Aetna. Aetna will be administering a double Accountable Care Organization (ACO) benefits plan that will ultimately save many of our employees hundreds and possibly thousands of dollars in healthcare premiums in the first year. Other 2018 – 2019 benefits changes include:

- **NEW vendors for: Supplemental, FSA, and Life & Disability Insurance**
- **Approval of Parental Leave Policy**
- **Wellness Credit Program updates for 2019-2020**
- **Open Enrollment using a new benefits tool – Employee Navigator**
- **Additional discount programs including pet insurance**



Using This Guide

This Employee Benefits Guide provides a comprehensive overview of these benefit options and more, including eligibility, election periods, and costs. In addition, it offers descriptions and detailed explanations of each medical plan design.

Take the time to carefully consider all aspects of each plan to determine the benefits that best suit your needs. We hope that this guide will be a valuable tool for all employees, and we want you to know that the City of Durham is here for you with more resources than ever to help guide you on this important journey.

Sincerely,
The Human Resources Department

2018–2019 OPEN ENROLLMENT

During open enrollment, employees are encouraged to evaluate their benefits and make changes for the upcoming benefit year which are best for them and their families. Because of the many changes to our benefit offerings, this year open enrollment is **mandatory** for all employees. ***Employees who do not make a plan selection during open enrollment will default to the Aetna Whole Health plan, and flexible spending will not roll over.***

This guide provides detailed information about the 2018 – 2019 benefit options, so please read it thoroughly. It is important for employees to remember that open enrollment is the **ONLY** time to make benefit changes outside of qualifying events.

MANDATORY Open Enrollment
Begins on **April 16, 2018** and Ends
on **May 4, 2018**

- Enrollment counselors will be available to answer employee questions and assist with the enrollment process. The schedule will be posted on the City of Durham's Intranet (CODI).
- To elect benefits for medical, dental, vision, life, disability, flexible spending accounts, and Hyatt Legal Plans, employees must use the City's new online benefits tool, Employee Navigator.
- Allstate offers plans including Accident, Cancer, Critical Illness, Hospital Indemnity, and Term Life insurance policies. Employees are encouraged to meet with enrollment counselors to review these options.
- Unum is offering an opportunity for employees to have guaranteed issued Voluntary Life coverage with no health questions up to the guaranteed issue amount. Dependent life insurance on children can also be selected up to guaranteed



issue without health questions. All coverage amounts above guaranteed issue will require a completed Evidence of Insurability (EOI) paper form. New enrollment or increases in coverage to Short-Term Disability or Long-Term Disability insurance will be subject to a waiting period for preexisting conditions.

- Colonial policies are not eligible for open enrollment changes. Existing Colonial policies can be terminated, but not changed. Current payroll deductions will continue for Colonial products.
- TransAmerica will no longer be eligible for payroll deduction. Employees who wish to keep their current TransAmerica products will be direct billed by TransAmerica. Employees are encouraged to meet with enrollment counselors to consider alternative policies offered by AllState.
- Employees can meet with New York Life and Liberty Mutual representatives to enroll or ask questions about existing policies. The schedule will be posted on CODI.

Employees must submit their enrollment elections by 5:00 PM on May 4, 2018.

Adding New Dependents During Open Enrollment

Dependents who are currently covered under health and dental policies do not need to submit eligibility documentation. Adding a new dependent to health or dental requires submission of eligibility documentation.

In accordance with current Affordable Care Act (ACA) reporting guidelines, all covered members must have a valid social security number or equivalent and accurate birth date. For those adding new dependents, a copy of the social security



card or valid identification that the Social Security Administration has deemed acceptable will be required, (<https://www.ssa.gov/pubs/EN-05-10023.pdf>) along with other documentation as outlined in the dependent eligibility guidelines located in the appendix of this guide. All dependents must meet the City's dependent eligibility guidelines.

UPDATE FOR THE 2018–2019 PLAN YEAR

Aetna Whole Health & Aetna Whole Health Plus

The City of Durham will now offer two comprehensive medical insurance plan options from Aetna to help cover the cost of medical services and promote employee health and wellness. With this change, we will continue to offer low premiums and out-of-pocket costs while expanding your coverage network within each plan option. The Aetna Whole Health and Whole Health

aetna®

Plus plans will each offer three networks: Duke Health & WakeMed, Aetna Choice POS Network, and Out of Network. Ninety-six percent of employees selected providers are currently in the Duke Health & WakeMed or Aetna Choice POS Network.

The Duke Health & WakeMed network will offer the lowest costs on medical expenses such as copay, out of pocket cost, and deductible. However, you will also have the flexibility to see a physician in the larger Aetna Choice Network. Please see the Health Plan Benefits Comparison on page 7 or the Benefits Summaries section in the appendix to view the differences between these networks.

For example, a family moving from Core to Aetna Whole Health will save \$6,020.64 during the next benefits year in premium costs alone (see chart on following page)*. The Aetna Whole Health plan will offer lower premiums, but higher costs for medical expenses. Alternatively, the Aetna Whole Health Plus plan will offer higher premiums but lower costs for medical expenses. For a summary of medical expenses, see the Health Plan Benefits Comparison on page 7. When making your selection, be sure to consider the network of your primary care physician (PCP) and your frequency of benefit use.



Monthly Premium Comparison

Many employees could see significant cost savings on premiums with their new plan selection.

BCBS – Current Plan Options		Aetna – New Plan Options			
Blue Local		Aetna Whole Health	Premium Change	Aetna Whole Health Plus	Premium Change
Employee	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00
Employee/Spouse	\$130.24	\$154.40	\$24.16	\$232.68	\$102.44
Employee/Children	\$101.64	\$86.78	(\$14.86)	\$149.61	\$47.96
Family	\$225.77	\$159.65	(\$66.14)	\$273.98	\$48.20
Basic					
Employee	\$46.00	\$0.00	(\$46.00)	\$50.00	\$4.00
Employee/Spouse	\$173.93	\$154.40	(\$19.52)	\$232.68	\$58.76
Employee/Children	\$122.13	\$86.78	(\$35.36)	\$149.61	\$27.46
Family	\$315.30	\$159.65	(\$155.66)	\$273.98	(\$41.32)
Core					
Employee	\$100.00	\$0.00	(\$100.00)	\$50.00	(\$50.00)
Employee/Spouse	\$259.86	\$154.40	(\$105.46)	\$232.68	(\$27.18)
Employee/Children	\$224.18	\$86.78	(\$137.40)	\$149.61	(\$74.57)
Family	\$661.37	\$159.65	(\$501.72)	\$273.98	(\$387.38)

*Items listed in purple represent cost savings for employees.

HEALTH PLAN BENEFITS COMPARISON

With both the Aetna Whole Health and Whole Health Plus plans, there are in-network and out-of-network coverage options. The chart below summarizes only in-network health benefits for each plan. For more detailed benefit information, including out-of-network benefits, employees can refer to the Benefits Summaries section in the appendix.

In-Network Benefits	Aetna Whole Health Plus Duke & WakeMed	Aetna Whole Health Plus Choice POS	Aetna Whole Health Duke & WakeMed	Aetna Whole Health Choice POS
Annual Deductible (Individual / Family)	\$750 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Medical Out-of-Pocket Limit (Individual / Family)	\$2,500 / \$5,000	\$4,000 / \$8,000	\$3,250 / \$6,500	\$5,000 / \$10,000
Primary Care Physician Office Visit	\$15 copay	\$30 copay	\$30 copay	\$45 copay
Specialist Office Visit	\$30 copay	\$60 copay	\$60 copay	\$90 copay
Preventive Care	100% covered	100% covered	100% covered	100% covered
Hospital Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent Care Center Visit	\$15 copay	\$60 copay	\$30 copay	\$90 copay
Emergency Room Visit	\$300 copay for the first 2 visits in a plan year; \$500 copay for each additional visit	\$300 copay for the first 2 visits in a plan year; \$500 copay for each additional visit	\$300 copay for the first 2 visits in a plan year; \$500 copay for each additional visit	\$300 copay for the first 2 visits in a plan year; \$500 copay for each additional visit
Prescription Drugs (Tier 1 / Tier 2 / Tier 3–4)	\$0 / \$30 / \$45 copays Mail Order–90 day supply for only 2X copay	\$0 / \$30 / \$45 copays Mail Order–90 day supply for only 2X copay	\$0 / \$35 / \$50 copays Mail Order–90 day supply for only 2X copay	\$0 / \$35 / \$50 copays Mail Order–90 day supply for only 2X copay
Rx Out-of-Pocket Limit (Individual / Family)	\$1,300 / \$2,600	\$1,300 / \$2,600	\$1,500 / \$3,000	\$1,500 / \$3,000
Monthly Employee Contribution (Employee Only Enrollment Tier – Wellness Rate*)	\$50.00	\$50.00	\$0.00	\$0.00

*For the complete listing of all monthly costs and contributions for the 2018-2019 health plan, refer to the chart on the following page.

2018 – 2019 MEDICAL PREMIUMS

Health Plan Monthly Cost and Contributions

Plan & Rating	Enrollment Tier	Total Cost	City Contribution		Employee Contribution
			Dollars	Percent	
Aetna Whole Health Plus (Wellness Rates)	Employee	\$766.32	\$716.32	93.48%	\$50.00
	Employee & Spouse	\$1,283.38	\$1,050.70	81.87%	\$232.68
	Employee & Child(ren)	\$1,193.77	\$1,044.16	87.47%	\$149.61
	Family	\$1,862.24	\$1,588.26	85.29%	\$273.98
Aetna Whole Health (Wellness Rates)	Employee	\$717.91	\$717.91	100.00%	\$0.00
	Employee & Spouse	\$1,205.10	\$1,050.70	87.19%	\$154.40
	Employee & Child(ren)	\$1,130.94	\$1,044.16	92.33%	\$86.78
	Family	\$1,747.91	\$1,588.26	90.87%	\$159.65
Aetna Whole Health Plus (Non-Wellness Rates)	Employee	\$786.32	\$716.32	91.10%	\$70.00
	Employee & Spouse	\$1,303.38	\$1,050.70	80.61%	\$252.68
	Employee & Child(ren)	\$1,213.77	\$1,044.16	86.03%	\$169.61
	Family	\$1,882.24	\$1,588.26	84.38%	\$293.98
Aetna Whole Health (Non-Wellness Rates)	Employee	\$737.91	\$717.91	97.29%	\$20.00
	Employee & Spouse	\$1,225.10	\$1,050.70	85.76%	\$174.40
	Employee & Child(ren)	\$1,150.94	\$1,044.16	90.72%	\$106.78
	Family	\$1,767.91	\$1,588.26	89.84%	\$179.65

The Importance of a Primary Care Physician (PCP)

During open enrollment, all employees must choose a Primary Care Physician (PCP) using the City's enrollment system, Employee Navigator. The role of a PCP is to coordinate and manage health care needs to maximize plan benefits. Employees should select the physician they see most often. A PCP can be a general practitioner or a physician whose specialty is internal medicine, family medicine, or pediatrics. PCP selections must be an in-network provider to avoid out-of-network fees.

Employees who do not have a PCP should now go to www.aetna.com to "Find a Doctor". Instructions on

finding a PCP in the Aetna network are found in the appendix of this guide. Any time after July 1, 2018, employees and their dependents can change their PCP selections by calling Aetna customer service. Employees and their dependents can all have the same PCP or different PCPs.

Selecting a PCP is an opportunity to enhance medical care and outcomes. It does not limit employees or their dependents in any way. Employees and their dependents can go to any doctor, including specialists, without a referral. Health plan benefits will be paid the same regardless of PCP selection. Employees and their dependents are encouraged to consult with their PCP about all of their medical care and develop a strong relationship.

DENTAL PLAN BENEFITS

The City of Durham recognizes that good oral health is part of good overall health. The City provides a generous dental plan to promote good oral health for employees and their dependents. The City will offer dental benefits at the same low cost as the preceding year, giving employees something to smile about. The City's dental plan includes innovative benefits for coverage of oral cancer screenings and orthodontia for children and adults. The following chart highlights the City's dental plan benefits. For more details, refer to the Delta Dental Benefit Summary in the appendix.



Dental Plan In-Network or Out-of-Network* Benefits

Annual Deductible	\$50 Individual / \$150 Family
Maximum Annual Benefit	\$3,000 Per person
Diagnostic and Preventive Services Exams, cleanings, X-rays, brush biopsy, fluoride, sealants, periodontal maintenance cleanings	100% covered. No deductible.
Basic Services Fillings, extractions, crown repair, root canals, oral surgery	80% after deductible
Major Services Crowns, bridges, implants, dentures, periodontics services	50% after deductible
Orthodontic Braces	50%. No deductible. \$1,500 lifetime maximum benefit per person. No age limit

*For maximum coverage and the lowest out-of-pocket cost from the City's dental plan, use Delta Dental network dentists. Refer to the Delta Dental Benefit Summary in the appendix for an explanation of savings available from the two Delta Dental networks.

Dental Plan Monthly Cost & Contributions

Enrollment Tier	Total Cost	City Contribution		Employee Contribution
		Dollars	Percent	
Employee	\$45.32	\$30.37	67%	\$14.95
Employee & Spouse	\$78.17	\$45.34	58%	\$32.83
Employee & Child(ren)	\$78.63	\$45.61	58%	\$33.02
Family	\$140.42	\$47.74	34%	\$92.68

VISION PLAN BENEFITS

The City of Durham offers a comprehensive vision plan that helps employees and their dependents afford eye exams, glasses, and contact lenses.

The Vision Plan for the 2018 – 2019 benefits year will feature two options from which employees can choose. The Low Plan is the same vision benefits plan as seen in previous year and with the same cost structure. The new enhanced High Plan adds standard progressives. For more details about what is covered in each plan, refer to the Superior Vision Benefit Summary in the appendix.

In addition to the eye exam being covered at the \$10 copay by the vision plan, employees also have 100% coverage for an eye exam with the Aetna health plan.



Tier	Low	High
Employee Only	\$8.37	\$8.62
Employee + Spouse	\$16.74	\$17.24
Employee + Child(ren)	\$19.00	\$19.57
Employee + Family	\$29.35	\$30.23

Vision Plan In-Network* Benefits

Benefit Frequency	Exam: 1 per plan year Lenses: 1 set per plan year Frames: 1 per plan year
Exam	\$10 copay
Frames and Lenses	\$10 copay \$150 frame allowance
Contact Lenses (Instead of glasses lenses or frames)	\$0 copay for contact lenses \$10 copay for lens fitting \$50 allowance for specialty lens fitting \$150 allowance for lenses
Discounts and Out-of-Pocket Maximums (Available at some network providers, but not others. Check with your provider.)	Various discounts and out-of-pocket maximums for lenses, treatments, and options.

*For maximum coverage and the lowest out-of-pocket cost from the City's vision plan, use Superior Vision network providers.

WHAT'S NEW FOR 2018 – 2019

There are many exciting changes in the benefits design for the 2018 – 2019 plan year. We have several new vendors and discount programs that make our benefits package one of the best amongst our peers.

Benefits Enrollment

This year, employees will enroll online through the Employee Navigator system. This new enrollment tool is simple to use. Once you create your own user ID and password, you can electronically select your 2018 – 2019 benefits at your convenience during the open enrollment period. Users can view current benefits and print a summary of newly



elected benefits. You can log back into Employee Navigator as many times as you would like during our enrollment period. Forgot your password? No problem, simply click the "Forgot Password" link and Employee Navigator will walk you through the steps to reset your password.

Life Insurance and Disability Plans

The City will continue to offer life insurance of one times your salary, at no cost. Unum replaces Reliance Standard offering supplemental life



insurance policies. Additionally, Unum offers short and long term disability plans.

Paid Parental Leave

In October 2017, the City of Durham introduced a benefit for employees with new additions to their families. Paid Parental Leave provides up to 12 weeks of paid leave for parents to bond with their child(ren) after experiencing the birth, adoption or legal placement of a child(ren).

This leave allows FMLA eligible employees to receive their full salaries for up to 12 weeks and will not count against an employee's accrued leave, such as sick leave or vacation. Reference City of Durham policy HRM-609 for the full guidelines of this benefit.



Supplemental Policies

For supplemental coverages like hospital indemnity and accident insurance, *we're in good hands with Allstate*. In addition to hospital indemnity and accident insurance, Allstate offers cancer and critical illness plans and voluntary life insurance policies. All of Allstate's products are being offered



Allstate

You're in good hands.

as guaranteed issue for the 2018 – 2019 benefit year. This means that you are automatically eligible to purchase any of the plans offered by Allstate up to guaranteed issue

amount, and you won't be required to complete a medical questionnaire as part of your enrollment.

457 Deferred Compensation and Retirement Health Savings

ICMA-RC will serve as the sole vendor of our 457 deferred compensation accounts for the City of Durham. ICMA-RC has previously offered 457



accounts and served as the administrator of the City's Retirement Health Savings plan (RHS). ICMA-RC will work to make sure that those transferring 457 accounts from Nationwide experience a smooth transition.

Flexible Medical and Dependent Care Spending Accounts

Our Flexible Medical Spending and Dependent Care Accounts will now be administered by P&A Group. P&A Group currently administers our COBRA benefits for separating employees. Now, we will also depend



on them to manage our FSA benefits. If you currently have FSA benefits through Laymon Group, you will still have until September 15, 2018 to exhaust your current FSA benefits and submit any receipts for reimbursement.

P&A Group will also be the new administrators of our Health Reimbursement Agreement (HRA). Employees who earned the wellness credit during the prior year can receive a reimbursement of their annual medical deductible of up to \$250!

4Paws Pet Insurance

Pet parents and pet owners can now get discounted insurance for their adored pets. Pet medical care

can be expensive, but 4Paws offers affordable insurance plans to assist with the costs of caring for your pets.



DID YOU KNOW?

The City of Durham offers great benefits to its employees, and there are many benefits that some employees just aren't aware of. Check out the benefits listed below.

The North Carolina 529 College Savings Plan

Employees who are at least 18 years of age with a valid social security number or taxpayer identification number can open a NC 529 account with no additional enrollment fees or charges. The NC 529 Plan is a great way for employees to save for their children's college education. It is open to residents of any state, and funds can be used at any eligible college or university in the United States. Account earnings in the NC 529 Plan are free from federal and state income taxes when used to pay for qualified higher education expenses, including:

- Tuition and fees
- Room and board
- Books and computers
- School supplies and equipment



To enroll in the plan, employees should contact the College Foundation of North Carolina (CFNC) at 866-866-2362 or create an online account at www.NC529.org. If an employee selects the payroll deduction option through their online account, CFNC will notify the City. If an employee chooses to enroll using the paper form, please include the City's employer code (**02715**) on the form.

Routine Eye Exam

Eye exams don't just detect vision problems, but can signal, or help prevent, future health problems. The City's Aetna Whole Health and Whole Health Plus medical plans cover one annual vision exam at 100%. Use the Aetna network search to find an in-network vision provider.



Transit GoPass

The centerpiece of the City's transit benefits is the GoPass, which allows employees to take transit wherever they need to go in the Triangle—on any route, with any transit agency, as much as needed to commute to and from work. The City of Durham provides a free GoPass to each full-time and part-time employee. Employees can also use their City identification badge to ride GoDurham routes.

GoPasses can be obtained annually from the Transportation Department on the 4th floor of City Hall. Free one-on-one commuter assistance is also provided for each employee to help figure out



their personal transit commute and to familiarize them with the Triangle's transit services. Employees may contact Stephanie Loyka at 919-485-7463 or sloyka@gotriangle.org if they need assistance.

Gender Reassignment Benefits

The City of Durham offers a Gender Reassignment Benefit providing in-network coverage of gender reassignment therapies. Services for gender confirmation surgery and hormone therapy may be considered medically necessary when certain candidate criteria are met and supporting provider documentation is provided.

Gender confirmation surgery and hormone therapy have been shown to be of benefit to transsexual people. Recognized diagnostic and eligibility criteria and care standards for applicants from the World Professional Association for Transgender Health (WPATH) and Endocrine Society Guidelines for Treatment of Transsexual Persons are increasingly being used in routine clinical practice.



Applied Behavioral Analysis Benefits

The City offers Applied Behavioral Analysis (ABA) benefit in all of its medical plans*:

- ABA therapy is provided to members up to age 21 who are diagnosed with Autism Spectrum Disorder by an in-network Aetna provider who is a licensed physician or licensed doctoral level clinical psychologist.
- ABA therapy is provided by a mental health provider who is licensed to clinically diagnose and treat autism.
- Members must contact their mental health provider to verify that their provider is licensed to clinically diagnose and treat autism.
- The City's plan will cover 80% of the cost of ABA therapy after the member has met their annual deductible.
- The City's plan will pay 100% of the cost of ABA therapy once the member has met their out-of-pocket limit for the plan year.

*ABA therapy does not include speech therapy, occupational therapy, vocational rehabilitation, recreational therapy, orientation and mobility, respite care, equine therapy, dolphin therapy, service animals, or other educational services.

Nutritionist Visits

The City's health plans include access to six in-network nutritionist visits covered at 100% each year per person. Use the Aetna network search to find an in-network nutritionist.

Durham Parks and Recreation Benefits

The City of Durham offers benefits-eligible employees access to the Durham Parks and Recreation (DPR) gyms and pools for free. This access **will only apply to the employee** and not to any covered dependents.

Employees can select from two options:

- DPR Gym Access
- DPR Gym + Pool Access



TAX IMPLICATIONS

Although the City is offering this benefit for free, the IRS considers this a fringe benefit and it must be taxed accordingly. The tax implication is between \$5 and \$15 a month, but the exact tax implication will depend on each employee's tax bracket, deductions, and the option selected (gym access or gym + pool access). This tax implication may slightly decrease an employee's net pay. The taxable value of each option is listed below:

- DPR Gym Access: \$20 per month
- DPR Gym + Pool Access: \$40 per month



Employee Assistance Program (EAP)

One aspect of the City's Employee Wellness Program is an Employee Assistance Program, or EAP. The City's EAP program, ComPsych GuidanceResources, provides support, resources, and information for personal and work-life issues. GuidanceResources is confidential and provided at no charge to employees or their dependents. The types of resources available to employees through GuidanceResources are listed below. Additional details can be found in the appendix.

- Work-Life Solutions
- Financial Information and Resources
- Legal Support and Resources
- Confidential Counseling
- GuidanceResources Online

CITY OF DURHAM EMPLOYEE WELLNESS BENEFITS

The City of Durham is getting in *SHAPEE*. We continue to engage and empower employees in improving their health and wellness. We are committed to equipping employees with not just general health topics, but also with their own specific health status. As the City goes into the 2018 – 2019 benefits year, our wellness goals are turning from just knowing the numbers to going beyond and implementing changes based on those numbers.

Since the City of Durham is committed to helping our employees and their families live healthier lives, we will

continue to collaborate with our new health insurance partner, Aetna, to understand trends and cost drivers, population health risks, program results, and seek employee feedback to ensure we continue to offer wellness programs that meet the needs of employees.



The City's Wellness Goals: How we're achieving our goals and getting in SHAPEE

Goal	Description	Update
Strategic	Communicate the wellness resources available to and seek regular feedback from employees. Change the wellness premium credit activities in order to encourage employees to further engage in their health	<ul style="list-style-type: none"> Promote wellness programs through various methods Remove activities already incentivized through the Wellness Day Add outcomes-based activities
Healthy Eating	Offer programs and resources to help employees improve their diet	<ul style="list-style-type: none"> Traveling nutrition seminars Nutrition Challenge
Active	Continue to increase the physical activity of City employees.	<ul style="list-style-type: none"> Continue Schewel Challenge Continue offering discounted Fitbits and Fitbit-based challenges
Present	Increase the visibility of City leadership in wellness programs.	<ul style="list-style-type: none"> Deputy City Managers led their respective departments in a Fitbit challenge in the fall Select a leader to be the advocate for each wellness program
Evaluate	Track engagement in wellness programs and the health of the population.	<ul style="list-style-type: none"> Continue evaluating wellness programs by seeking employees' feedback Track the health of the City's population
Environment	Continue to improve the wellness environment.	<ul style="list-style-type: none"> Continue upkeep/renovation of fitness center Made Annex gym free for all employees Expanding healthy vending around the City

Wellness Day

Effective July 1, 2017, the Sick Leave Incentive provisions of the Sick Leave policy were rescinded and the new Wellness Day policy was implemented. The new Wellness Day policy gives employees up to 16 hours (24 hours for sworn firefighting personnel) of annual leave (vacation) for completing their recommended preventive care services. Employees will be awarded one Wellness Day (8 hours of vacation time; 12 hours for sworn firefighting personnel) per preventive care service completed. Employees can earn up to two Wellness Days per fiscal year.



ADMINISTRATION OF WELLNESS DAY

The Wellness Day will not be awarded to employees until after the service is completed. Therefore, employees may have to use their sick or vacation leave to take time off to complete their preventive care. Human Resources will award employees Wellness Days based on reports from Aetna and Delta Dental, which means employees will not need to submit any documentation to earn the Wellness Day. This process will ensure employees are earning Wellness Days for the intended purpose.

TIMELINE TO EARN WELLNESS DAYS

To earn a Wellness Day in FY19, employees will need to complete their preventive services between March 1, 2018 and February 28, 2019. Services completed between March 1, 2019 and February 28, 2020 will be awarded in FY20. Human Resources will only award Wellness Days twice per year.

- Wellness Days earned 3/1 – 8/31 will be awarded by the end of October
- Wellness Days earned 9/1 – 2/28 will be awarded by the end of April

This helps employees know when to expect to see their Wellness Days in the system.

Wellness Credit Requirement Changes

The steps to obtain the Wellness Credit are changing for the 2019-2020 benefits year. Currently many of the requirements for Wellness Day and the Wellness Requirement overlap e.g. annual physical, dental cleaning and nutritionist visits. However, moving forward these preventive services will only count towards Wellness Day. You will only receive additional activity credit for flu shots or City-sponsored wellness challenges or events. One of the more noticeable changes to Wellness Credit Requirement beginning this year will be for employees who are covering a spouse/spouse equivalent.

Beginning in the 2018 – 2019 benefits year, the Health Risk Assessment will no longer be required in order to receive the Wellness Credit nor to qualify for the \$250 deductible reimbursement arrangement with P&A Group. The new requirements to qualify for a wellness credit and for the deductible reimbursement for the 2019 – 2020 benefits year and going forward are:

1. Biometric screening:
 - Employee AND
 - Spouse/spouse equivalent (e.g. domestic partner, certified dependent, if applicable)



2. One additional activity
 - Flu shot or
 - City-sponsored Wellness Challenges or events

Spouses/spouse equivalents (e.g. domestic partners, certified dependents) covered under the City's medical insurance will now be determining factors in compliance for the wellness credit. Dependent spouses must complete a biometric screening in conjunction with their annual preventive physical screening. On-site biometric screenings are for employees only. Spouses will need to login, print and have completed the online physician's form. More details will be available during the Biometric Screenings kickoff 2018.

CURRENT 2017 – 2018 Wellness Credit Requirements	NEW 2018 – 2019 Wellness Credit Requirements
Health Risk Assessment	Biometric Screening for Employees <ul style="list-style-type: none"> • On-site biometric screening • Physicians forms • Patient service center
Biometric Screening	AND (if applicable) Spouse/Spouse Equivalent Screening <ul style="list-style-type: none"> • Physical that includes biometric screening using physicians form • Not eligible for City-sponsored on-site screenings
One Additional Activity <ul style="list-style-type: none"> • Annual preventive physical preventive • Dental cleaning • Flu shot • Nutritionist visit • City-sponsored Wellness Challenges or events 	One Additional Activity <ul style="list-style-type: none"> • Flu shot or, • City-sponsored Wellness Challenges or events

Fitbit Discount Program

One of our largest wellness initiatives is the discounted Fitbit program. Benefits-eligible employees can purchase a discounted Fitbit device. In order to get the discount, employees must use their City of Durham email address to order their Fitbit. All are encouraged to join the City of Durham Group. If you already have a Fitbit, email your Fitbit account email address to HRConnect@durhamnc.gov to join in on the fun! Hundreds of City employees have participated in Fitbit challenges that have been held throughout the year. The Ready, Step, Go Fitbit Challenge recorded a 32% increase in physical activity during the challenge. Be sure to get your Fitbit at the discounted rate and get moving!

Haven't ordered your discounted Fitbit yet? Follow the directions below to order yours today!

1. Go to the City's Fitbit store (use Chrome™ or Firefox®: www.fitbit.com/store/CityofDurham2017. Beginning July 1, 2018, the url for the new Fitbit store will be www.fitbit.com/welcome/cityofdurham2018).
2. Register with your City of Durham email address.
3. Confirm your email address by opening the link in the "Confirm your Fitbit.com account email address for the promo offer."
4. Select your Fitbit (the Fitbit Zip® should be \$5 in the City store).
5. Scroll to the bottom of the page and select "Add to Cart."
6. Check out.



OFFERING FIRST-CLASS EMPLOYEE BENEFITS

When it comes to benefits, the City of Durham will continue to provide everything our employees expect and more. We are proud to offer much more than the basics in order to ensure that employees stay healthy in every way. Our employees are valuable to us, and our benefits are here to show our appreciation. The City offers a number of benefit plans, programs, and amenities to help support employees and their families.

Summary of Employee Benefits

Here is a summary of the great benefits the City of Durham will continue to offer in the 2018-2019 plan year:

BENEFITS – PART-TIME

(1,000 HOURS OR MORE PER YEAR)

- 401(k) retirement plan (5.0% of salary)
- State retirement plan

BENEFITS – PART-TIME

(AVERAGE 30 HOURS PER WEEK OVER 12 MONTH PERIOD)

- 401(k) retirement plan (5.0% of salary)
- State retirement plan
- Health
- Dental*
- Pro-rated vacation and sick leave
- Floating holiday
- Paid life insurance equal to annual salary*

BENEFITS – GENERAL FULL-TIME & TEMPORARY WITH BENEFITS EMPLOYEES

- 11-12 paid holidays per year
- Floating holiday**
- 12 standard work days of vacation per year
- 12 standard work days of sick leave per year, which accumulates indefinitely; sick leave may be used toward early retirement
- 12 weeks paid parental leave*
- 2 Wellness Days***
- 2 weeks paid military leave per year
- Medical, dental, vision, and supplemental life insurance plans
- City contribution into the NC State Retirement System
- Short and long term disability plans
- Paid temporary disability leave for specified conditions*
- 401(k) retirement plan (5.0% of annual salary contributed by the City)
- Paid funeral leave
- Employee Assistance Program – personal and family counseling
- Paid life insurance equal to annual salary
- 48 hours for volunteer work each year*
- 4 hours parental leave each year
- 457 Deferred Compensation Plans

BENEFITS – SWORN POLICE

- 11-12 paid holidays per year
- Floating holiday**
- 12 standard work days of vacation per year
- 12 standard work days of sick leave per year, which accumulates indefinitely; sick leave may be used toward early retirement
- 12 weeks paid parental leave*
- 2 Wellness Days***
- 2 weeks paid military leave per year
- Medical, dental, vision, and supplemental life insurance plans
- City contribution into the NC State Retirement System
- Short and long term disability plans
- Paid temporary disability leave for specified conditions*
- Short and long term disability plans
- 401(k) retirement plan (5.0% of annual salary contributed by the City for sworn Police)
- Paid funeral leave
- Employee Assistance Program – personal and family counseling
- Paid life insurance equal to annual salary
- 48 hours for volunteer work each year*
- 4 hours parental leave each year
- 457 Deferred Compensation Plans

BENEFITS – SWORN FIRE

- 11-12 paid holidays per year
- Floating holiday**
- 12 standard work days of vacation per year
- 12 standard work days of sick leave per year, which accumulates indefinitely; sick leave may be used toward early retirement
- 12 weeks paid parental leave*
- 2 Wellness Days***
- 2 weeks paid military leave per year
- Medical, dental, vision, and supplemental life insurance plans
- City contribution into the NC State Retirement System
- Short and long term disability plans
- Paid temporary disability leave for specified conditions*
- 401(k) retirement plan (5.0% of annual salary contributed by the City) 401(k)/457(k) matching 5.0%
- Paid funeral leave
- Employee Assistance Program – personal and family counseling
- Paid life insurance equal to annual salary
- 48 hours for volunteer work each year*
- 4 hours parental leave each year
- 457 Deferred Compensation Plans

* Contingent upon completion of one year of employment.

** Floating holiday is contingent upon completion of probationary period.

*** Contingent upon completion of designated wellness activities.

IMPORTANT BENEFIT GUIDELINES AND GUIDANCE

Eligibility for Benefits

- Full-time and temporary-with-benefits employees are eligible for all benefits offered by the City.
- Specified part-time employees are eligible for health and dental plan benefits only.

Employees may also enroll eligible dependents, including:

- Spouse
- Certified dependents (same-sex or opposite-sex partners)*
- Biological children, stepchildren, adopted children, children for whom the employee has legal guardianship or legal custody, and children of certified dependents (up to age 26)
- Court ordered children (up to age 26)
- Unmarried children who are mentally or physically handicapped and incapable of self-support, regardless of age

*Required documentation must be submitted per policy HRM-510-1



Claiming someone on your benefits who does not qualify as an eligible dependent is **a violation of the City's Ethics Policy** and could lead to sanctions up to and including **termination and repayment of claims.**

Choosing Benefits

Employee benefit elections must be made before the start of each plan year during open enrollment or as part of the new hire benefits enrollment process. Some benefits, such as basic life insurance, are automatic because the City of Durham pays the entire cost. For benefits that employees pay for, employees must actively choose.

Employees are responsible for choosing the benefits that best meet their needs. Some things to consider when choosing benefits include:

- **WHO YOU NEED TO COVER** – The City of Durham offers four tiers of coverage for many benefit plans (e.g. Employee only, Employee/ spouse, Employee/ child(ren), and Family). Each tier within a plan has different cost. Employees should focus first on who they need to cover and then weigh the cost of benefit options.
- **MONTHLY EMPLOYEE CONTRIBUTION** is the amount that an employee pays for benefits on a monthly basis. Payments are deducted from employees' bi-weekly paychecks. Employees should focus on the total monthly amounts when weighing benefit enrollment options.
- **BENEFITS** – Many of the City's benefit plans, such as the health plan, short-term disability insurance, and long-term disability insurance, have different options. Employees should carefully weigh the options and select the one that best suits their needs for coverage.
- **PROVIDER NETWORK** – Many of the city's benefit plans, including the health, dental, and vision plans, have a network of providers. By using in-network providers, employees receive the highest level of benefit.

Paying for Benefits

The new insurance benefits selections will appear on your first July 2018 paycheck. Your portion of the benefits cost is automatically taken out of your paycheck. There are two ways that the premiums can be deducted from your paycheck:

- **PRE-TAX** premiums are collected for medical, dental, vision, flexible spending accounts, and some voluntary insurance plans.
- **POST-TAX** premiums are collected for the following optional benefit plans: short-term disability, long-term disability, long-term care, and supplemental and dependent life insurance.

Each employee is responsible for insuring that benefit deductions are correct for the coverage enrolled. Each employee should carefully review deductions for accuracy and report any errors to HR Connect within 30 days of the effective date. The City of Durham will refund **a maximum of 30 days'** deductions in the event that deductions are inaccurate.



Changing Benefits

The IRS has strict regulations regarding changes to insurance coverage and flexible spending account plans that allow payroll deductions on a pre-tax basis. Once employees have elected their coverage and contribution amounts, they cannot start, change, or cancel them during the benefit period unless they have a qualifying change in their life status. Qualifying events are as follows:

- Addition of certified dependent
- Becoming eligible for Medicare or Medicaid
- Birth, adoption, or placement for adoption of an eligible child
- Change in a child's eligibility for benefits
- Change in spouse's or certified dependent's work status that affects benefits eligibility (e.g., starting a new job, leaving a job, or leave of absence)
- Commencement of or returning from an unpaid leave for employee/spouse
- Death of spouse, certified dependent, or covered child

- Divorce or legal separation
- Marriage
- Significant change in spouse's or certified dependent's health coverage attributable to your spouse's or certified dependent's employment (e.g., open enrollment of spouse)

Employees must provide all appropriate documentation of the qualifying life change within the thirty (30) day period to Human Resources. **If the supporting documentation for the qualifying life change is not received within 30 days the change cannot be made until the next open enrollment.**

Qualifying family status changes occurring outside the open enrollment period may only be made within a plan tier, e.g. from "Employee" to "Employee/ Spouse." An employee may not make a change from plan to plan, e.g. from "Aetna Whole Health" to "Aetna Whole Health Plus."

PLEASE NOTE: Financial hardship and marriage of a dependent are not qualifying life events. These events do not permit a change or stop in contributions or coverage for your insurance plan or flexible spending accounts.





When Coverage Ends

Health, dental and vision benefits will end on the last day of the month in which employment terminates. Disability and life insurance benefits will end on the date of termination.

Flex spending will end on the date of termination. All claims filed must have a date of service before the termination date and must be submitted within 90 days of the termination date.

Allstate, Colonial, New York Life Long Term Care, Liberty Mutual, Hyatt/MetLaw Legal, the

City-paid Unum basic life insurance and supplemental policies are portable. If employees wish to continue coverage following termination, it is their responsibility to contact the carrier. If alternate arrangements are not made, these benefits will end on the date of termination.

If you have a covered dependent, the dependent's coverage will end on the last day of the month in which the dependent's 26th birthday falls unless that dependent is unmarried, mentally or physically handicapped, and incapable of self-support.



APPENDIX

Important Contact Information



Benefit Questions

If you have questions about any of your benefits, please contact the company that handles the plan administration for the City. If you still have questions, or need more information about any other benefit plans, please contact HR Connect for assistance. They will be happy to assist you. Below is a list of companies, the plans they administer and their contact information.

Aetna	1-877-925-4757	www.aetna.com
AllState (Voluntary Benefits)	Service: 1-877-810-2920 Claims: 1-800-255-7828	www.allstate.com
Colonial (Voluntary Benefits)	1-800-325-4368	www.coloniallife.com
Delta Dental	1-800-662-8856	www.deltadentalnc.com
ICMA 457 (Deferred Compensation)	1-800-669-7400	www.icmarc.org
Liberty Mutual (Auto & Home)	Service: 919-872-4700 Claims: 1-800-225-2467	www.libertymutual.com/melissakiner
MetLaw/Hyatt Legal	1-800-821-6400	www.legalplans.com
New York Life (Long-Term Care)	Enrollment & Service: 919-401-9988 Claims: 1-800-224-4582	www.newyorklife.com
NC 529	1-800-600-3453	www.cfnc.org
NC Total Retirement Plans (NC Retirement System)	1-877-627-3287	www.treasurer.state.nc.us
Prudential (401K NC Supplemental Retirement)	1-866-624-0151	www.prudential.com
P & A Group (Flex Spending & COBRA)	1-800-688-2611	www.padmin.com
Superior Vision	1-800-507-3800	www.superiorvision.com
UNUM (Life Insurance, STD, and LTD)	1-800-421-0344	www.unum.com
4Paws (Pet Insurance)	1-877-284-7297	www.4pawsins.com

Eligible Dependents and Required Documentation for Health and Dental Insurance

Dependent Type	Definition	Required Verification Documents
Spouse	An individual to whom you are legally married	Government Issued Marriage Certificate and page one of your Federal Tax Return filed within the last 2 years – OR – Government Issued Marriage Certificate and Proof of Joint Ownership Issued within the last 6 Months – OR – Government Issued Marriage Certificate ONLY if Married in the Current Calendar Year
Certified Dependent	An individual that has reached the age of 18, is not married to anyone else, and who lives in a long term relationship of indefinite duration with a City of Durham employee, with the exclusive mutual commitment in which they share the necessities of life and are financially interdependent. See policy HRM-510-1 for full definition.	A notarized copy of the Application and Affidavit to Designate Certified Dependent and the enrollment application forms as required by policy HRM-510-1
Biological Child (up to age 26)	Biological child	Government Issued Birth Certificate that names the parents of child
Step Child (up to age 26)	A child of one's spouse	Government Issued Birth Certificate that names the parents of child and Government Issued Marriage Certificate of Employee and Spouse and page one of your Federal Tax Return filed within last 2 years – OR – Government Issued Birth Certificate that names the parents of child and Government Issued Marriage Certificate of Employee and Spouse and Proof of Joint Ownership Issued within last 6 Months – OR – Government Issued Birth Certificate that names the parents of child and Government Issued Marriage Certificate ONLY if Married in the Current Calendar Year
Child of Certified Dependent	Biological child of Certified Dependent	Government Issued Birth Certificate that names the parents of child and an Application and Affidavit to Designate certified Dependent on file with the City of Durham
Disabled Child	A biological child, step child, or adopted child that has been medically certified as disabled	Government Issued Birth Certificate that names the parents of child and page one of your Federal Tax Return filed within last 2 years and proof of medical disability
Adopted Child	A child that has been legally adopted through the judicial process or a child for whom you have been granted legal guardianship	Adoption Certificate and page one of your Federal Tax Return filed within last 2 Years – OR – Official Adoption Placement Agreement and Signed Petition for Adoption – OR – a copy of the court order granting legal guardianship
Court Ordered Child	A child that the City of Durham is required to cover under the insurance as mandated by State or Federal regulations	Documents noted above for biological child, step-child, disabled child or adopted child – OR – a copy of the court order stating that the employer is required to provide insurance to the child

Federal Tax Return – Only submit first page and black out all financial information

Social Security Card(s) – Required for verification of all dependent types or a valid identification that SSA deems acceptable

Proof of Joint Ownership – Mortgage or rental agreement in both names, bank account or credit card statement

NOTICE REGARDING WELLNESS PROGRAM

The City of Durham's wellness program is voluntary and available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for Body Mass Index (BMI), Cholesterol, Blood Pressure, blood sugar and nicotine, and one additional wellness activity.

Employees who choose to participate in the wellness program will receive a decreased health insurance premium as agreed by City management. Although you are not required to participate in the wellness program, only employees who do so will receive the incentive for the following benefit year.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the HR Connect at 919-560-4214 or emailing HRConnect@DurhamNC.gov.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the City of Durham Human Resources Department may use aggregate information it collects to design a program based on identified health risks in the workplace, HR will never disclose any of your personal

information either publicly or to your employer, except as necessary to respond to a request for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those designated in Human Resources in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event of a data breach involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subject to retaliation if you choose not to participate.

Whom to Contact for More Information

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact HR Connect at 919-560-4214 or email HRConnect@DurhamNC.gov.

Notice of Privacy Practices effective July 1, 2017

City of Durham is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to the City's employee benefit plans (the Plans) covered by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact HR Connect at 919-560-4214 Option 1 or at

**City of Durham Human Resources
Privacy Officer
101 City Hall Plaza
1st Floor Suite 1600
Durham, NC 27701**

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to

help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the City of Durham Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the City of Durham Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the City of Durham Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the City of Durham Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the City of Durham Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the City of Durham Privacy Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

You may contact our office at:

City of Durham Human Resources
Privacy Officer
101 City Hall Plaza
1st Floor Suite 1600
Durham, NC 27701

919-560-4214 Option 1

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.

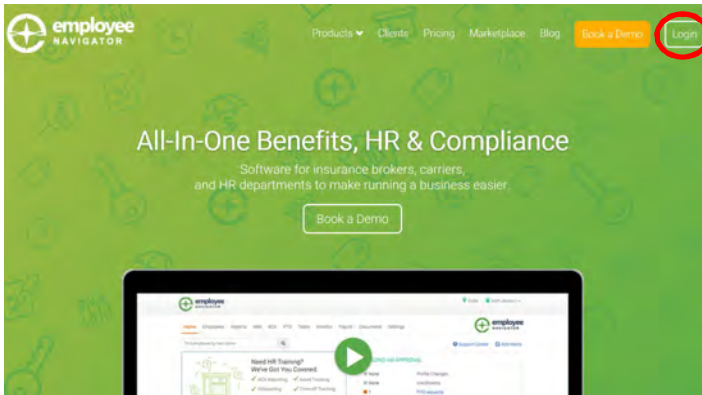


Benefits Enrollment System

Quick Start Instructions

Enroll online in your City of Durham employee benefits in **Employee Navigator** at www.employeenavigator.com

Login & Create Your Account



www.employeenavigator.com

Click on the “**Login**” button to get started.

employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

If this is your first time, click on the “**Register as a New User**” link.

If you have **already registered** and have your user name and password, enter them to log in.

If you **forgot your password**, you can request to reset it. A reset password email will be sent to your email address on file.

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

PIN

Birth Date

Next >

Your first and last **name must match your City of Durham employee file.**

The Company Identifier is **CityofDurham**
Leave out the spaces between the words.

PIN is the **last 4 digits of your Social Security Number.**

Enter your Birth Date in **mm/dd/yyyy** format.

Click the **Next** button.



Benefits Enrollment System

Quick Start Instructions

Create Your Account

Then register a username and password

Username
(company email is recommended)

Joseph.Smith@durhamnc.gov

Password
(minimum length of 6, number and symbol required)

.....

[show it](#)

☒ I agree with the terms of use

Next »

Your **user name** is your City of Durham employee email address.

Password Specifications:

- 6 to 20 characters in **length** (No spaces allowed)
- Include at least one **number**
- Include at least one **symbol**

Save your password. You may need it again to view your benefits or make changes. You can click “show it” to see the password you typed.

Check the box to agree with **terms of use**.

Start Enrolling in Benefits

City of Durham

PROFILE BENEFITS REQUIRED TASKS RESOURCES

Welcome, Open.
24 days left to complete your open enrollment.

[Start Benefits >](#)

Profile
Update personal information

Benefits
View and manage your benefits

Required Tasks
Complete required company tasks

Resources
Find other information

News & Articles

Title	Posted
2018-19 Aetna Whole Health Benefit Summary	04/10/2018
2018-19 Aetna Whole Health Plus Benefit Summary	04/10/2018

Compliance Documents

Title	Posted
2018-19 Aetna Whole Health Benefit Summary	04/10/2018
2018-19 Aetna Whole Health Plus Benefit Summary	04/10/2018

Click on the “**Start Benefits**” button to begin your Open Enrollment **benefit elections**.

Additionally, you will enter your **Primary Care Physician ID number** and update your **life insurance beneficiary information**.

Warning: Do not use your internet browser “back” and “forward” buttons.



Benefits Enrollment System

Quick Start Instructions

Navigating

Read the **announcements** in the grey box in the top center of each page.

The **vertical menu** on the left side of the screen takes you step by step through the required enrollment items:

- **Profile** is your demographic information and dependent information
- **Benefits** include all of the available benefit plans for enrollment
- **Forms** includes the Primary Care Physician form and Life Insurance Beneficiary Form
- **Summary** is your confirmation page.

Warning: You have not finished enrollment until you click the “Agree” button on the Summary page.

You must click on a green “**Select Plan**” button to enroll in the plan you want, even if there is only one plan option listed.

Click the “**Save & Continue**” button to save your benefit selection and advance to the next item. Alternatively, you can waive enrollment in a benefit by clicking the “Don’t want this benefit?” button.

Completing Enrollment

Warning: You have not finished enrollment until you click the “**Agree**” button on the enrollment Summary page.

You can print a copy of your enrollment summary for your records.

Questions?

Contact **HR Connect** at 919-560-4214 Option 1 or at HRConnect@DurhamNC.gov



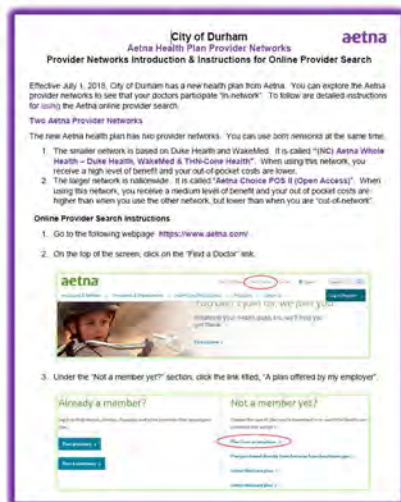
Benefits Enrollment System

PCP ID Number Instructions

These instructions are only for **New Hires** enrolling in benefits for the first time and for **Open Enrollment effective July 1, 2018**.

Call Aetna Customer Service at the phone number on your ID card **to change your Primary Care Physician** any time.

Lookup Your Aetna Primary Care Physician (PCP) ID Number



First, you must look up your and your covered family members' Primary Care Physicians in the Aetna online provider search tool.

Instructions for using the Aetna online provider search tool are located on the Human Resources page of CODI and in the Employee Benefits Guide.

You must write down the Aetna "Provider ID #" for your and your covered family members' Primary Care Physicians. You will need to type the number into the benefits enrollment system called Employee Navigator.

Enter Your Primary Care Physician Number in Employee Navigator

Login to the Employee Navigator benefits enrollment system at **www.employeenavigator.com**

Login instructions are located on the Human Resources page of CODI and in the Employee Benefits Guide.

The Primary Care Physician screen is located under the Forms Section of the benefits enrollment screens.

Type: Select "Medical"

PCP ID: Type in the seven digit Aetna "Provider ID #"

Leave the rest of the fields blank. Click the "Save" button.

Questions?

Contact **HR Connect** at 919-560-4214 Option 1 or at HRConnect@DurhamNC.gov

Aetna Health Plan Provider Networks

Provider Networks Introduction & Instructions for Online Provider Search

Effective July 1, 2018, City of Durham has a new health plan from Aetna. You can explore the Aetna provider networks to see that your doctors participate “in-network”. To follow are detailed instructions for **using** the Aetna online provider search.

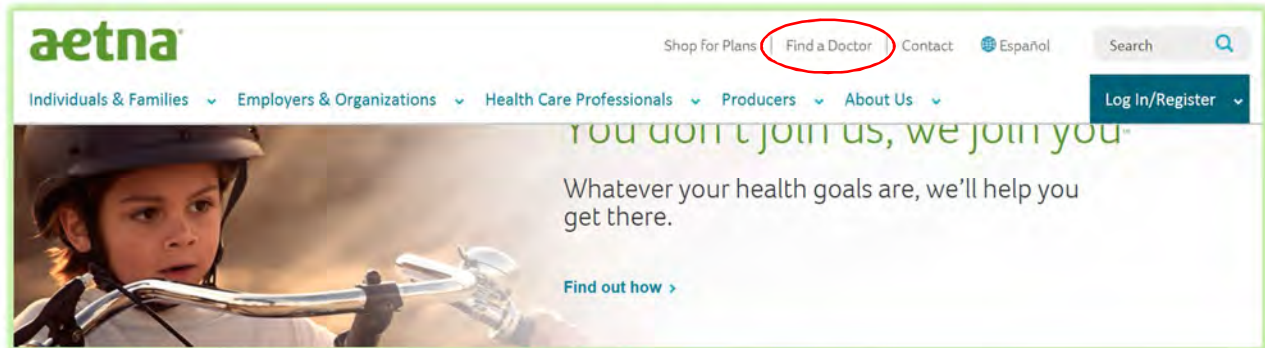
Two Aetna Provider Networks

The new Aetna health plan has *two* provider networks. You can use *both networks* at the same time.

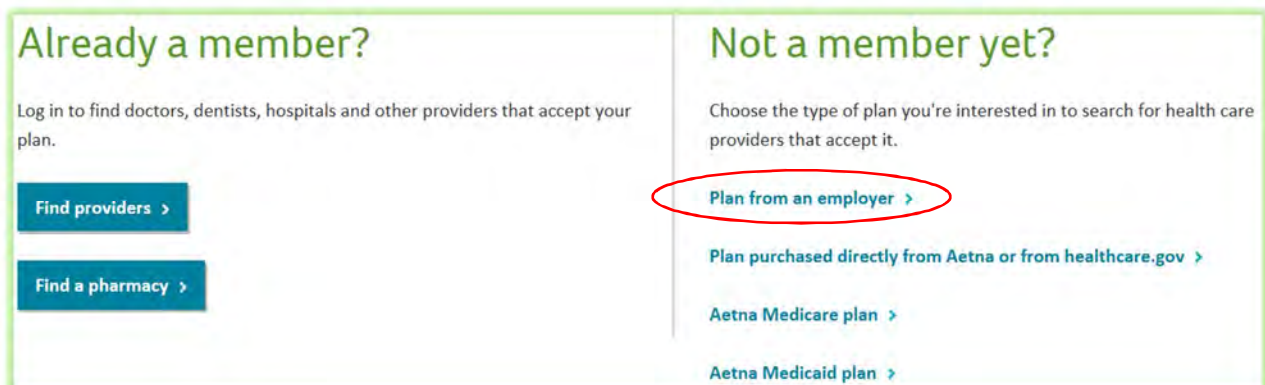
1. The smaller network is based on Duke Health and WakeMed. It is called “**(NC) Aetna Whole Health – Duke Health, WakeMed & THN-Cone Health**”. When using this network, you receive a high level of benefit and your out-of-pocket costs are lower.
2. The larger network is nationwide. It is called “**Aetna Choice POS II (Open Access)**”. When using this network, you receive a medium level of benefit and your out of pocket costs are higher than when you use the other network, but lower than when you are “out-of-network”.

Online Provider Search Instructions

1. Go to the following webpage <https://www.aetna.com/>
2. On the top of the screen, click on the “Find a Doctor” link.



3. Under the “Not a member yet?” section, click the link titled, “A plan offered by my employer”.



4. Under the “Continue as a guest” section, enter your medical provider’s zip code. You may adjust the “Look within” slider to increase the search distance around the zip code to include other offices that the medical provider may have in other nearby zip codes. Click the “Search” button.

The screenshot shows the Aetna Directory of Health Care Professionals search interface. The page is divided into two main sections: "Already a member?" and "Continue as a guest". The "Continue as a guest" section is circled in red. It contains a text input field for "Enter a 5-digit zip code, city, state, or county", a "Look within" slider set to 25 miles (with markers at 0 and 100 miles), and a "Search" button. The "Already a member?" section includes a "Login to Secure Site" button, a "Register Now" button, and a "Why Register?" section explaining the benefits of being a member.

5. Start your network search using the smaller Aetna network. Select the button to the left of “(NC) Aetna Whole Health – Duke Health, WakeMed & THN-Cone Health”. Click the “Continue” button.

The screenshot shows the "Select a Plan" page. At the top, there is a "Skip plan selection >>" link and a "Continue" button. Below this is a search bar with a magnifying glass icon and the text "Enter plan name to narrow list below, e.g. Managed Choice". The page lists two main categories of plans: "Aetna Whole Health Plans" and "Aetna Standard Plans". Under "Aetna Whole Health Plans", the option "(NC) Aetna Whole Health™ - Duke Health, WakeMed & THN-Cone Health" is selected, indicated by a red circle around the radio button. Under "Aetna Standard Plans", there are two options: "Aetna Affordable Health Choices® limited benefits insurance plan (SRC only)" and "Aetna Select™", both with unselected radio buttons.

6. In the search field under “What do you want to search for near...” *slowly* type your doctor’s last name. As you type, medical providers with names that match will appear in a drop down box. Click on your doctor’s name on the drop down list.

If you do NOT see your doctor’s name in the drop down list, skip to step 8 of these instructions.

The screenshot shows a search bar with the text "resn" entered. Below the search bar, a dropdown menu is open, displaying a list of healthcare providers. The first two options are "Donna M. Resner DDS - Durham, NC" and "Donna M. Resner DDS - Wake Forest, NC". The third option, "Robert J Resnik MD - Cary, NC", is highlighted in a purple bar. A red circle is drawn around the search bar and the dropdown list.

7. The doctor’s listing displays with all of the information you need. It is not uncommon to find doctors with the same name, so first verify that the doctor’s address is correct. Then confirm that your doctor is in the smaller Aetna network with “Maximum Savings”. **If the doctor is your Primary Care Physician (PCP), write down the 7-digit “Provider ID #”.** You will need the number when you complete your open enrollment benefit elections on the City’s new enrollment system called Employee Navigator.

The screenshot shows a doctor's listing page for "Robert J Resnik MD - Cary, NC". The page is titled "In network search results for Robert J Resnik MD - Cary, NC near 27511 (Cary, NC)". The page has a purple header with "In Network" and "List View" buttons. Below the header, there is a table with three columns: "Provider/Facility Information", "Distance", and "Plan Information". The first row of the table shows "Resnik, Robert J., MD" with a distance of "0.89 miles" and a plan of "Aetna Whole Health™". A red circle is drawn around the "Maximum Savings" button in the "Plan Information" column. Another red circle is drawn around the "In Network" status, which is indicated by a green checkmark icon. The "Provider ID #: 4516508" is also visible. The address "930 Southeast Cary Pkwy. Suite 200 Cary, NC 27518" and phone number "(919) 859-2566" are listed. The specialties are "Internal Medicine - 12 and older".

8. **If you do not see the doctor's name that you are looking for**, there can be a number of reasons why:
- The doctor's name is spelled differently than you typed it.
 - The doctor uses a nickname that you know, but you do not know the doctor's legal name used on the search tool. You might call the doctor's office to verify the name you should use.
9. **If you do not find your provider in the “(NC) Aetna Whole Health – Duke Health, WakeMed & THN-Cone Health” network**, you can search Aetna's larger network by changing the “Selected Plan” to “Aetna Choice POS II (Open Access)” by clicking on “Change Plan” link.

10. The “Change Plan” pop up window opens. Using the scroll bar on the right side of the pop up window, scroll down to the “Aetna Open Access Plans” heading. Select the button to the left of “Aetna Choice POS II (Open Access)”. Click the “Continue” button. The search process is the same as described in step 6 of these instructions.



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	MAXIMUM SAVINGS (Tier 1)	STANDARD SAVINGS (Tier 2)	OUT-OF-NETWORK (Tier 3)
Deductible (per plan year)	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Applicable covered expenses accumulate simultaneously toward the Maximum Savings and Standard Savings and not the out-of-network Deductibles. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost-sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.			
Member Coinsurance	20%	40%	50%
Applies to all expenses unless otherwise stated.			
Payment Limit (per plan year)	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Applicable covered expenses accumulate simultaneously toward the Maximum Savings and Standard Savings and not the out-of-network Payment Limits. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses do not apply towards the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.			
Lifetime Maximum	Unlimited except where otherwise indicated.		
Primary Care Physician Selection	Optional	Optional	Not Applicable
Certification Requirements - Certification for certain types of Out-of-network care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is 25% per occurrence.			
Referral Requirement	None	None	None
PREVENTIVE CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	Not Covered
1 exam per plan year for members age 22 to age 65; 1 exam per plan year for adults age 65 and older.			
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	Not Covered
7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per plan year thereafter to age 22.			
Routine Gynecological Care Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
1 exam and pap smear per plan year, includes related fees.			
Routine Mammograms	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Outpatient mammography, including non-routine: covered 100% deductible waived.

Women's Health	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling.

Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

Routine Digital Rectal Exam	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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Prostate-specific Antigen Test	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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Colorectal Cancer Screening	Covered under Routine Adult Exams	Covered under Routine Adult Exams	Covered under Routine Adult Exams
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Routine Eye Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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1 routine exam per plan year.

Routine Hearing Screening	Covered under Routine Exams	Covered under Routine Exams	Not Covered
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PHYSICIAN SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
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Office Visits to Non-Specialist	\$15 copay; deductible waived	\$30 copay; deductible waived	50%; after deductible
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Includes services of an internist, general physician, family practitioner or pediatrician.

Specialist Office Visits	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
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Hearing Exams	Not Covered	Not Covered	Not Covered
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Pre-Natal Maternity	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered according to standard claim practice.
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Walk-in Clinics	\$15 copay; deductible waived	\$30 copay; deductible waived	50%; after deductible
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Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.

Allergy Testing	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
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Allergy Injections	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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DIAGNOSTIC PROCEDURES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
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Diagnostic X-ray	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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(other than Complex Imaging Services)

If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.

Diagnostic Laboratory	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Diagnostic Complex Imaging	20%; after deductible	40%; after deductible	50%; after deductible
EMERGENCY MEDICAL CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Urgent Care Provider	\$15 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
Non-Urgent Use of Urgent Care Provider	\$15 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
Emergency Room	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	Same as in-network care
Copay waived if admitted			
Non-Emergency Care in an Emergency Room	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	Same as in-network care
Emergency Use of Ambulance	20%; after deductible	20%; after deductible	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered	Not Covered
HOSPITAL CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient Coverage	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Inpatient Maternity Coverage (includes delivery and postpartum care)	20%; deductible waived	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Outpatient Hospital Expenses	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Outpatient Surgery - Hospital	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Outpatient Surgery - Freestanding Facility	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
MENTAL HEALTH SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Mental Health Office Visits	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Your cost sharing applies to all covered benefits incurred during your outpatient visit.

Other Mental Health Services	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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SUBSTANCE ABUSE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible

Your cost sharing applies to all covered benefits incurred during your inpatient stay.

Residential Treatment Facility	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Substance Abuse Office Visits	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible

Your cost sharing applies to all covered benefits incurred during your outpatient visit.

Other Substance Abuse Services	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
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OTHER SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Skilled Nursing Facility	20%; after deductible	40%; after deductible	50%; after deductible

Limited to 60 days per plan year.

Your cost sharing applies to all covered benefits incurred during your inpatient stay.

Home Health Care	20%; after deductible	40%; after deductible	50%; after deductible
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Limited to 60 visits per plan year.

Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.

Hospice Care - Inpatient	20%; after deductible	40%; after deductible	50%; after deductible
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Your cost sharing applies to all covered benefits incurred during your inpatient stay.

Hospice Care - Outpatient	20%; after deductible	40%; after deductible	50%; after deductible
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Your cost sharing applies to all covered benefits incurred during your outpatient visit.

Private Duty Nursing	20%; after deductible	40%; after deductible	50%; after deductible
Outpatient Speech Therapy	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible

Limited to 30 visits per plan year.

Outpatient Physical and Occupational Therapy	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
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Includes physical, occupational and spinal manipulation therapies; limited to 30 visits per plan year

Autism Behavioral Therapy	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
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Combined with outpatient mental health visits

Autism Applied Behavior Analysis	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
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Combined with outpatient mental health visits

Autism Physical Therapy	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
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Visits combined with Short Term Rehabilitation.

Autism Occupational Therapy	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
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Visits combined with Short Term Rehabilitation.

Autism Speech Therapy	\$30 copay; deductible waived	\$60 copay; deductible waived	50%; after deductible
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Visits combined with Short Term Rehabilitation.

PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Durable Medical Equipment	20%; after deductible	40%; after deductible	50%; after deductible
Diabetic Supplies	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Affordable Care Act mandated Women's Contraceptives	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other expense.
Women's Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other medical expense.
Infusion Therapy Administered in the home or physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Infusion Therapy Administered in an outpatient hospital department or freestanding facility	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Vision Eyewear	Not Covered	Not Covered	Not Covered
Transplants	20%; after deductible Preferred coverage is provided at an IOE contracted facility only.	40%; after deductible Preferred coverage is provided at an IOE contracted facility only.	50%; after deductible Out-of-network coverage is provided at a Non-IOE facility.
Bariatric Surgery	20%; after deductible	40%; after deductible	50%; after deductible
FAMILY PLANNING	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Infertility Treatment	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Diagnosis and treatment of the underlying medical condition only.			
Comprehensive Infertility Services Artificial insemination and ovulation induction	Not Covered	Not Covered	Not Covered
Advanced Reproductive Technology (ART) In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered	Not Covered	Not Covered
Vasectomy	Your cost sharing is based on the type of service and where it is performed; after deductible	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Tubal Ligation	Covered 100%	Covered 100%	Your cost sharing is based on the type of service and where it is performed
PHARMACY	IN-NETWORK		OUT-OF-NETWORK
Pharmacy Plan Type	Aetna Premier Plus Open Formulary		
Generic Drugs			
Retail	Covered 100%		20% after applicable copay
Mail Order	Covered 100%		Not Applicable



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

Preferred Brand-Name Drugs			
	Retail	\$30 copay	20% after applicable copay
	Mail Order	\$60 copay	Not Applicable
Out-of-network Brand-Name Drugs			
	Retail	\$45 copay	20% after applicable copay
	Mail Order	\$90 copay	Not Applicable
Pharmacy Day Supply and Requirements			
	Retail	Up to a 31 day supply from Aetna Standard National Network	
	Mail Order	Up to a 31-90 day supply from Aetna Rx Home Delivery®.	
Premier Plus Specialty		Up to a 30 day supply from Aetna Specialty Pharmacy Network. First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred specialty pharmacy network.	
Choose Generics - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.			
Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy. Oral and injectable fertility drugs included. A limited list of over-the-counter medications are covered when filled with a prescription. Premier Plus Pre-certification for Specialty Drugs Seasonal Vaccinations covered 100% in-network Preventive Vaccinations covered 100% in-network Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.			
Prescription Drug Plan Year	\$1,300 Individual	\$1,300 Individual	\$2,600 Individual
Out-of-Pocket Maximum			
	\$2,600 Family	\$2,600 Family	\$5,200 Family

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

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Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

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Plan features and availability may vary by location and group size.

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PLAN DESIGN & BENEFITS
ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED

PLAN FEATURES	MAXIMUM SAVINGS (Tier 1)	STANDARD SAVINGS (Tier 2)	OUT-OF-NETWORK (Tier 3)
Deductible (per plan year)	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family
Applicable covered expenses accumulate simultaneously toward the Maximum Savings and Standard Savings and not the out-of-network Deductibles. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost-sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.			
Member Coinsurance	20%	40%	50%
Applies to all expenses unless otherwise stated.			
Payment Limit (per plan year)	\$3,250 Individual \$6,500 Family	\$5,000 Individual \$10,000 Family	\$9,000 Individual \$18,000 Family
Applicable covered expenses accumulate simultaneously toward the Maximum Savings and Standard Savings and not the out-of-network Payment Limits. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. Pharmacy expenses do not apply towards the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount.			
Lifetime Maximum	Unlimited except where otherwise indicated.		
Primary Care Physician Selection	Optional	Optional	Not Applicable
Certification Requirements - Certification for certain types of Out-of-network care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is 25% per occurrence.			
Referral Requirement	None	None	None
PREVENTIVE CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	Not Covered
1 exam per plan year for members age 22 to age 65; 1 exam per plan year for adults age 65 and older.			
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	Not Covered
7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per plan year thereafter to age 22.			
Routine Gynecological Care Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
1 exam and pap smear per plan year, includes related fees.			
Routine Mammograms	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible

PLAN DESIGN & BENEFITS
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Outpatient mammography, including non-routine: covered 100% deductible waived.			
Women's Health	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.			
Routine Digital Rectal Exam	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Prostate-specific Antigen Test	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Colorectal Cancer Screening	Covered under Routine Adult Exams	Covered under Routine Adult Exams	Covered under Routine Adult Exams
Routine Eye Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
1 routine exam per plan year.			
Routine Hearing Screening	Covered under Routine Exams	Covered under Routine Exams	Not Covered
PHYSICIAN SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Office Visits to Non-Specialist	\$30 copay; deductible waived	\$45 copay; deductible waived	50%; after deductible
Includes services of an internist, general physician, family practitioner or pediatrician.			
Specialist Office Visits	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Hearing Exams	Not Covered	Not Covered	Not Covered
Pre-Natal Maternity	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered according to standard claim practice.
Walk-in Clinics	\$30 copay; deductible waived	\$45 copay; deductible waived	50%; after deductible
Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.			
Allergy Testing	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Allergy Injections	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
DIAGNOSTIC PROCEDURES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Diagnostic X-ray	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
(other than Complex Imaging Services) If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.			
Diagnostic Laboratory	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.			



PLAN DESIGN & BENEFITS
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Diagnostic Complex Imaging	20%; after deductible	40%; after deductible	50%; after deductible
EMERGENCY MEDICAL CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Urgent Care Provider	\$30 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Non-Urgent Use of Urgent Care Provider	\$30 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Emergency Room	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	Same as in-network care
Copay waived if admitted			
Non-Emergency Care in an Emergency Room	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	\$300 copay; deductible waived for the first 2 visits in the plan year thereafter \$500 copay for each additional visit	Same as in-network care
Emergency Use of Ambulance	20%; after deductible	20%; after deductible	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered	Not Covered
HOSPITAL CARE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient Coverage	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Inpatient Maternity Coverage (includes delivery and postpartum care)	20%; deductible waived	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Outpatient Hospital Expenses	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Outpatient Surgery - Hospital	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Outpatient Surgery - Freestanding Facility	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
MENTAL HEALTH SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Mental Health Office Visits	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			



PLAN DESIGN & BENEFITS
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Other Mental Health Services	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
SUBSTANCE ABUSE	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Inpatient	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Residential Treatment Facility	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Substance Abuse Office Visits	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Other Substance Abuse Services	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
OTHER SERVICES	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Skilled Nursing Facility	20%; after deductible	40%; after deductible	50%; after deductible
Limited to 60 days per plan year. Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Home Health Care	20%; after deductible	40%; after deductible	50%; after deductible
Limited to 60 visits per plan year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.			
Hospice Care - Inpatient	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your inpatient stay.			
Hospice Care - Outpatient	20%; after deductible	40%; after deductible	50%; after deductible
Your cost sharing applies to all covered benefits incurred during your outpatient visit.			
Private Duty Nursing	20%; after deductible	40%; after deductible	50%; after deductible
Outpatient Speech Therapy	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Limited to 30 visits per plan year.			
Outpatient Physical and Occupational Therapy	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Includes physical, occupational and spinal manipulation therapies; limited to 30 visits per plan year			
Autism Behavioral Therapy	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Combined with outpatient mental health visits			
Autism Applied Behavior Analysis	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Combined with outpatient mental health visits			
Autism Physical Therapy	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Visits combined with Short Term Rehabilitation.			
Autism Occupational Therapy	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Visits combined with Short Term Rehabilitation.			
Autism Speech Therapy	\$60 copay; deductible waived	\$90 copay; deductible waived	50%; after deductible
Visits combined with Short Term Rehabilitation.			

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Durable Medical Equipment	20%; after deductible	40%; after deductible	50%; after deductible
Diabetic Supplies	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
Affordable Care Act mandated Women's Contraceptives	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other expense.
Women's Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other medical expense.
Infusion Therapy Administered in the home or physician's office	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Infusion Therapy Administered in an outpatient hospital department or freestanding facility	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Vision Eyewear	Not Covered	Not Covered	Not Covered
Transplants	20%; after deductible Preferred coverage is provided at an IOE contracted facility only.	40%; after deductible Preferred coverage is provided at an IOE contracted facility only.	50%; after deductible Out-of-network coverage is provided at a Non-IOE facility.
Bariatric Surgery	20%; after deductible	40%; after deductible	50%; after deductible
FAMILY PLANNING	MAXIMUM SAVINGS	STANDARD SAVINGS	OUT-OF-NETWORK
Infertility Treatment	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Diagnosis and treatment of the underlying medical condition only.			
Comprehensive Infertility Services Artificial insemination and ovulation induction	Not Covered	Not Covered	Not Covered
Advanced Reproductive Technology (ART) In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	Not Covered	Not Covered	Not Covered
Vasectomy	Your cost sharing is based on the type of service and where it is performed; after deductible	Your cost sharing is based on the type of service and where it is performed	Your cost sharing is based on the type of service and where it is performed
Tubal Ligation	Covered 100%	Covered 100%	Your cost sharing is based on the type of service and where it is performed



PLAN DESIGN & BENEFITS
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PHARMACY		IN-NETWORK		OUT-OF-NETWORK	
Pharmacy Plan Type		Aetna Premier Plus Open Formulary			
Generic Drugs					
	Retail	Covered 100%		20% after applicable copay	
	Mail Order	Covered 100%		Not Applicable	
Preferred Brand-Name Drugs					
	Retail	\$35 copay		20% after applicable copay	
	Mail Order	\$70 copay		Not Applicable	
Out-of-network Brand-Name Drugs					
	Retail	\$50 copay		20% after applicable copay	
	Mail Order	\$100 copay		Not Applicable	
Pharmacy Day Supply and Requirements					
	Retail	Up to a 31 day supply from Aetna Standard National Network			
	Mail Order	Up to a 31-90 day supply from Aetna Rx Home Delivery®.			
	Premier Plus Specialty	Up to a 30 day supply from Aetna Specialty Pharmacy Network.			
		First prescription fill at any retail or specialty pharmacy. Subsequent fills must be through our preferred specialty pharmacy network.			
Choose Generics - If the member or the physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.					
Plan Includes: Diabetic supplies and Contraceptive drugs and devices obtainable from a pharmacy.					
Oral and injectable fertility drugs included.					
A limited list of over-the-counter medications are covered when filled with a prescription.					
Premier Plus Pre-certification for Specialty Drugs					
Seasonal Vaccinations covered 100% in-network					
Preventive Vaccinations covered 100% in-network					
Affordable Care Act mandated female contraceptives and preventive medications covered 100% in-network.					
Prescription Drug Plan Year		\$1,500 Individual		\$1,500 Individual	
Out-of-Pocket Maximum		\$3,000 Individual		\$3,000 Individual	
		\$3,000 Family		\$3,000 Family	
		\$6,000 Family		\$6,000 Family	

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26 regardless of student status.

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- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

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Delta Dental PPO plus Premier Benefits at a Glance

City of Durham

Delta Dental looks forward to serving you as an employee of the City of Durham. You will be covered under two of the nation's largest dental networks – Delta Dental PPOSM and Delta Dental Premier[®].

You can still see your current dentist; however, if they are not in our networks, you may pay more. You are likely to **save more money** by visiting a dentist who is in one of these networks.



You can check for network dentists by visiting Delta Dental's website at www.deltadentalinc.com or by calling Delta Dental's Customer Service Center. Customer Service is available Monday to Friday from 8:30 a.m. until 8:00 p.m. (Eastern Time) to help you.

Covered Services:	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist*
Diagnostic & Preventative			
Diagnostic and Preventative Services – exams, cleanings, fluoride, sealants, and X-rays,	100%	100%	100%
Emergency Palliative Treatment – temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Brush Biopsy – detect oral cancer	100%	100%	100%
Recementation of Space Maintainers	100%	100%	100%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Prefabricated Crowns – stainless steel	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – miscellaneous services	80%	80%	80%
Major Services			
Relines and Repairs – repairs to bridges, implants, and dentures	50%	50%	50%
Periodontic Services – treatment for gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces (No age limit)	50%	50%	50%

*When you receive services from an out of network dentist, the percentages above indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. The amount may be less than what your dentist charges and you are responsible for the difference.

Maximum Payment - \$3,000 per person total per benefit year. Orthodontic services have a \$1,500 per person total lifetime maximum.

Deductible - \$50 deductible per person total per benefit year with a maximum deductible of \$150 per family per benefit year on all services except diagnostic and preventative, emergency palliative treatment, and brush biopsy.

Benefit Specifics and Limitations

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Oral evaluations limited to a specific problem or complaint, detailed and extensive oral evaluations are also payable twice per benefit year.
- Two prophylaxes (cleanings) are payable per benefit year. Two additional prophylaxes are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any three-year period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per benefit year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Vertical bitewing X-rays are payable once per benefit year. All other bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Extraoral X-rays are payable twice per benefit year.
- Sealants are payable once per tooth per five-year period for the occlusal surface of first and second permanent molars for people from age 5 up to age 16.
- Veneers are payable on incisors, cuspids and bicuspid once per tooth per five-year period when necessary due to fracture or decay. Repair of cast restorations is a Covered Service after 12 months following the initial insertion.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Provisional splinting and crown lengthening is payable once in any three-year period.
- Tooth re-implantation and surgical repositioning of teeth is not a Covered Service.
- Reline and rebase of dentures are payable once in any two-year period. Repair of dentures is a Covered Service after 12 months following the initial appliance date.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards are payable once in any five-year period.

What are our enhanced benefits?

Two prophylaxes (cleanings) are payable per benefit year. Two additional prophylaxes are payable per benefit year for individuals with a documented history of periodontal disease.

Brush biopsies to detect oral cancer will be covered.

Implants to replace missing teeth will also be a covered service.

Delta Dental will be **paying Out-of-Network providers directly** for services.

What are the benefits of in-network providers?

Delta Dental PPO and Delta Dental Premier Dentists

- Submits claims for you
- Only charges you for your copayment and deductible, if any.
- Out-of-pocket costs are likely lower

Out-of-Network Dentists

- May require you to submit your own claims
- May charge you the full cost for the service
- Will receive payment directly from Delta Dental

How can I find a network dentist? How can I find out if my dentist is in the network?

You can find network dentists by visiting our website at www.deltadentalinc.com or by calling Delta Dental's Customer Service department at (800) 662-8856.

Participating dentists are in one of two networks. Delta Dental PPO has the biggest discounts and Delta Dental Premier is also discounted, but not as much as the Delta Dental PPO. If you choose a Delta Dental PPO dentist, you will pay the least out-of-pocket and your Maximum Payment will last longer.

Will Delta Dental recruit my dentist if I ask?

You can ask us to recruit your dentist if they are not in one of our networks by calling Customer Service or by completing the "Refer Your Dentist" form on the www.deltadentalnc.com website.

What if I need orthodontic treatment?

Have your orthodontist submit a new treatment plan to Delta Dental. We will work with them to set up payment for the remaining treatment based on how much you have already used.

Where do I send claims?

You or your dentists should send your claims to Delta Dental:

Delta Dental

PO Box 9085

Farmington Hills, MI 48333-9085

Have Questions?

Please call Delta Dental's Customer Service Department at 1-800-662-8856.

NOTE: Payment examples are just to demonstrate savings.
Fees vary by location and dentist.

		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-Of-Network Dentist
ADULT CLEANING	Dentist Charges:	\$80.00	\$80.00	\$80.00
	What Delta Dental Accepts:	\$54.00	\$77.00	\$63.00
	Coverage Level:	100%	100%	100%
	Amount Delta Dental Pays:	\$54.00	\$77.00	\$63.00
	AMOUNT YOU PAY:	\$0.00	\$0.00	\$17.00
CROWN	Dentist Charges:	\$950.00	\$950.00	\$950.00
	What Delta Dental Accepts:	\$675.00	\$898.00	\$744.00
	Coverage Level:	50%	50%	50%
	Amount Delta Dental Pays:	\$337.50	\$449.00	\$372.00
	AMOUNT YOU PAY:	\$337.50	\$449.00	\$578.00

Vision Plan Benefits for City of Durham

Low and High Options

You have the option of choosing either the low option or the high option plan. The low option allows you to receive the standard progressive lenses covered to provider's in-office standard retail lined trifocal amount. The high option allows you to receive the standard progressive lenses covered in full.

Co-Pays

Exam	\$10
Materials ¹	\$10
Contact Lens Fitting (standard & specialty)	\$10

Monthly Premiums

	Low	High
Emp. only	\$8.37	\$8.62
Emp. + spouse	\$16.74	\$17.24
Emp. + child(ren)	\$19.00	\$19.57
Emp. + family	\$29.35	\$30.23

Services/Frequency

Exam	1 per plan year
Frame	1 per plan year
Contact Lens Fitting	1 per plan year
Lenses	1 pair per plan year
Contact Lenses	1 allowance per plan year

Benefits through Superior National Network

Exam (Ophthalmologist)
Exam (Optometrist)
Frames
Contact Lens Fitting (standard ²)
Contact Lens Fitting (specialty ²)
Lenses (standard) per pair
Single Vision
Bifocal
Trifocal
Progressives lens upgrade (low plan)
Progressive lens - standard (high plan) ⁴
Contact Lenses ⁵

In-Network
Covered in full
Covered in full
\$ 150 retail allowance
Covered in full
\$50 retail allowance
Covered in full
Covered in full
Covered in full
See description ³
Covered in full
\$ 150 retail allowance

Out-of-Network

Up to \$44 retail
Up to \$39 retail
Up to \$60 retail
Not covered
Not covered
Up to \$26 retail
Up to \$34 retail
Up to \$50 retail
Up to \$50 retail
Up to \$34 retail
Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ Low Plan - Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

⁴ High Plan - If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

⁵ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options
Specialty Contact Lens Fit:	10% off retail, then apply allowance

Maximum Member Out-of-Pocket

The following options have out-of-pocket maximums⁶ on standard (not premium, brand, or progressive) lenses.

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁶ Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 800.507.3800 SuperiorVision.com

The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life

NVIGRP 5-07

0218-BSv2/NC

SuperiorVision.com

Customer Service

800.507.3800

Discounts on Non-Covered Exam, Services and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal Imaging:	\$39 maximum out-of-pocket

Refractive Surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available.



Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

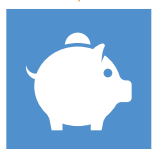
- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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- On-demand trainings
- "Ask the Expert" personal responses to your questions



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- Choose a guardian for your children

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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DURHAMEAP

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

Call: 855.271.6932

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Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DURHAMEAP

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Guide to Using GuidanceResources® Online

First-time users, follow these simple instructions and start exploring the resources offered to you on GuidanceResources Online.

1. Go to **guidanceresources.com** to reach the website.
2. Once on the guidanceresources.com home page, click the **Register** tab.
3. Enter your **Organization Web ID** and click the Register button.

Your Company/Organization Web ID: DURHAMEAP

4. You will then be asked to enter a **User Name** and **Password**. Both can be anything you would like them to be but should be something you will remember. The **User Name** (often your name) must be at least six characters long and should have no spaces (for example: joesmith). The **Security Questions** are meant to prompt you if you forget your password. You must select the button verifying that you are at least 13 years of age, as required by federal law. Be sure to read the **Terms of Use** and click inside the check box to indicate your agreement to those terms. Make sure that you complete all fields that have red asterisks, as these are required fields. When you've finished, click the **Submit** button at the bottom of the page.
5. You should now be on the website.

For Future Logins

You will only need to remember your User Name and Password. When you get to step 2 above, instead of clicking on the Register tab, use the Login section and enter your User Name and Password and click the Login button. This will take you directly to GuidanceResources Online.

If you have any problems registering or logging into GuidanceResources Online, email Member Services at **memberservices@compsych.com**.

Contact us anytime for confidential assistance.



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

Who can get Term Life Coverage

Basic Life/AD&D Coverage:

The Basic Life and AD&D benefit for eligible employees is 1 times your salary to a maximum of \$250,000. The City of Durham pays for this coverage.

The grandfathered (no longer eligible for new enrollment) Dependent Life benefit is \$5,000. You pay for this coverage.

How much additional Life and Accidental Death & Dismemberment (AD&D) coverage can I get?

	EMPLOYEE PAID
You	<p>Voluntary Life and AD&D benefit:</p> <p>Additional benefit in \$10,000 increments to a maximum of \$500,000</p> <p>You can get up to \$200,000 without health questions. This is your guaranteed issue amount.</p>
Your spouse	<p>Voluntary Life Benefit only:</p> <p>Additional benefit in \$10,000 increments to a maximum of \$500,000</p> <p>Your spouse can get up to \$50,000 with no health questions if eligible.</p>
Your child(ren)	<p>Voluntary Life Benefit only:</p> <p>Additional benefit in \$2,500 increments to a maximum of \$10,000.</p> <p>Maximum benefit paid for a child from live birth to six months is \$1,000.</p> <p>Maximum child age is 26 years.</p>

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

Voluntary AD&D Insurance is also available for employees only, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

Unum

Voluntary Life Insurance & AD&D Monthly Premiums

Employee Monthly Voluntary Life and AD&D Combined Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84
\$10,000	\$0.90	\$0.90	\$1.10	\$1.40	\$2.10	\$3.20	\$5.00	\$7.70	\$11.80	\$16.70	\$20.70	\$20.70	\$20.70
\$20,000	\$1.80	\$1.80	\$2.20	\$2.80	\$4.20	\$6.40	\$10.00	\$15.40	\$23.60	\$33.40	\$41.40	\$41.40	\$41.40
\$30,000	\$2.70	\$2.70	\$3.30	\$4.20	\$6.30	\$9.60	\$15.00	\$23.10	\$35.40	\$50.10	\$62.10	\$62.10	\$62.10
\$40,000	\$3.60	\$3.60	\$4.40	\$5.60	\$8.40	\$12.80	\$20.00	\$30.80	\$47.20	\$66.80	\$82.80	\$82.80	\$82.80
\$50,000	\$4.50	\$4.50	\$5.50	\$7.00	\$10.50	\$16.00	\$25.00	\$38.50	\$59.00	\$83.50	\$103.50	\$103.50	\$103.50
\$60,000	\$5.40	\$5.40	\$6.60	\$8.40	\$12.60	\$19.20	\$30.00	\$46.20	\$70.80	\$100.20	\$124.20	\$124.20	\$124.20
\$70,000	\$6.30	\$6.30	\$7.70	\$9.80	\$14.70	\$22.40	\$35.00	\$53.90	\$82.60	\$116.90	\$144.90	\$144.90	\$144.90
\$80,000	\$7.20	\$7.20	\$8.80	\$11.20	\$16.80	\$25.60	\$40.00	\$61.60	\$94.40	\$133.60	\$165.60	\$165.60	\$165.60
\$90,000	\$8.10	\$8.10	\$9.90	\$12.60	\$18.90	\$28.80	\$45.00	\$69.30	\$106.20	\$150.30	\$186.30	\$186.30	\$186.30
\$100,000	\$9.00	\$9.00	\$11.00	\$14.00	\$21.00	\$32.00	\$50.00	\$77.00	\$118.00	\$167.00	\$207.00	\$207.00	\$207.00
\$110,000	\$9.90	\$9.90	\$12.10	\$15.40	\$23.10	\$35.20	\$55.00	\$84.70	\$129.80	\$183.70	\$227.70	\$227.70	\$227.70
\$120,000	\$10.80	\$10.80	\$13.20	\$16.80	\$25.20	\$38.40	\$60.00	\$92.40	\$141.60	\$200.40	\$248.40	\$248.40	\$248.40
\$130,000	\$11.70	\$11.70	\$14.30	\$18.20	\$27.30	\$41.60	\$65.00	\$100.10	\$153.40	\$217.10	\$269.10	\$269.10	\$269.10
\$140,000	\$12.60	\$12.60	\$15.40	\$19.60	\$29.40	\$44.80	\$70.00	\$107.80	\$165.20	\$233.80	\$289.80	\$289.80	\$289.80
\$150,000	\$13.50	\$13.50	\$16.50	\$21.00	\$31.50	\$48.00	\$75.00	\$115.50	\$177.00	\$250.50	\$310.50	\$310.50	\$310.50
\$160,000	\$14.40	\$14.40	\$17.60	\$22.40	\$33.60	\$51.20	\$80.00	\$123.20	\$188.80	\$267.20	\$331.20	\$331.20	\$331.20
\$170,000	\$15.30	\$15.30	\$18.70	\$23.80	\$35.70	\$54.40	\$85.00	\$130.90	\$200.60	\$283.90	\$351.90	\$351.90	\$351.90
\$180,000	\$16.20	\$16.20	\$19.80	\$25.20	\$37.80	\$57.60	\$90.00	\$138.60	\$212.40	\$300.60	\$372.60	\$372.60	\$372.60
\$190,000	\$17.10	\$17.10	\$20.90	\$26.60	\$39.90	\$60.80	\$95.00	\$146.30	\$224.20	\$317.30	\$393.30	\$393.30	\$393.30
\$200,000	\$18.00	\$18.00	\$22.00	\$28.00	\$42.00	\$64.00	\$100.00	\$154.00	\$236.00	\$334.00	\$414.00	\$414.00	\$414.00

Spouse Monthly Life Only Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84
\$10,000	\$0.60	\$0.60	\$0.80	\$1.10	\$1.80	\$2.90	\$4.70	\$7.40	\$11.50	\$16.40	\$20.40	\$20.40	\$20.40
\$20,000	\$1.20	\$1.20	\$1.60	\$2.20	\$3.60	\$5.80	\$9.40	\$14.80	\$23.00	\$32.80	\$40.80	\$40.80	\$40.80
\$30,000	\$1.80	\$1.80	\$2.40	\$3.30	\$5.40	\$8.70	\$14.10	\$22.20	\$34.50	\$49.20	\$61.20	\$61.20	\$61.20
\$40,000	\$2.40	\$2.40	\$3.20	\$4.40	\$7.20	\$11.60	\$18.80	\$29.60	\$46.00	\$65.60	\$81.60	\$81.60	\$81.60
\$50,000	\$3.00	\$3.00	\$4.00	\$5.50	\$9.00	\$14.50	\$23.50	\$37.00	\$57.50	\$82.00	\$102.00	\$102.00	\$102.00
\$60,000	\$3.60	\$3.60	\$4.80	\$6.60	\$10.80	\$17.40	\$28.20	\$44.40	\$69.00	\$98.40	\$122.40	\$122.40	\$122.40
\$70,000	\$4.20	\$4.20	\$5.60	\$7.70	\$12.60	\$20.30	\$32.90	\$51.80	\$80.50	\$114.80	\$142.80	\$142.80	\$142.80
\$80,000	\$4.80	\$4.80	\$6.40	\$8.80	\$14.40	\$23.20	\$37.60	\$59.20	\$92.00	\$131.20	\$163.20	\$163.20	\$163.20
\$90,000	\$5.40	\$5.40	\$7.20	\$9.90	\$16.20	\$26.10	\$42.30	\$66.60	\$103.50	\$147.60	\$183.60	\$183.60	\$183.60
\$100,000	\$6.00	\$6.00	\$8.00	\$11.00	\$18.00	\$29.00	\$47.00	\$74.00	\$115.00	\$164.00	\$204.00	\$204.00	\$204.00

Employee and Spouse rates change as age increases from one age bracket to the next.

Dependent Children Voluntary Life Only Premiums

Benefit Amount	Monthly Premium
\$2,500	\$0.38
\$5,000	\$0.75
\$7,500	\$1.13
\$10,000	\$1.50

All children in the family are covered for the one rate above.



Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 13 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

! If you don't sign up now but decide to apply later, you may have to answer medical questions.

Consider your weekly expenses



Food \$ _____



Transportation
(gas, car payments, repairs) _____



Child care/elder care _____



Mortgage/rent _____



Utilities
(electric, water, cable, phone) _____



Medical costs
(co-pays, medications) _____



Insurance
(health, life, car, home) _____

Total weekly expenses \$ _____

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:¹

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

How much coverage can I get?

You*

Coverage amounts

Choose from \$100 to \$2,500 a week, (in \$100 increments). You can cover up to 60% of your weekly income.

*See the Legal Disclosures for more information

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

You can choose the elimination period you want: 30/30 or 14/14. The first number is the number of days for accidents. The second number is for illnesses.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 13 week benefit duration.

¹ Unum internal data, 2015

Short Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by City of Durham for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation and you are not working; or
- You are working but you have lost 20% or more in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Motor vehicle insurance policy or plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Unum

Short Term Disability Insurance (STD) Monthly Premiums

Option 1 (14-Day EP)

Minimum Annual Salary Required	Weekly Benefit	Age <24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$8,666	\$100	\$4.14	\$4.42	\$4.04	\$3.85	\$4.14	\$4.51	\$5.36	\$6.96	\$8.46	\$9.59	\$9.59
\$17,333	\$200	\$8.28	\$8.84	\$8.08	\$7.70	\$8.28	\$9.02	\$10.72	\$13.92	\$16.92	\$19.18	\$19.18
\$22,333	\$300	\$12.42	\$13.26	\$12.12	\$11.55	\$12.42	\$13.53	\$16.08	\$20.88	\$25.38	\$28.77	\$28.77
\$27,333	\$400	\$16.56	\$17.68	\$16.16	\$15.40	\$16.56	\$18.04	\$21.44	\$27.84	\$33.84	\$38.36	\$38.36
\$32,333	\$500	\$20.70	\$22.10	\$20.20	\$19.25	\$20.70	\$22.55	\$26.80	\$34.80	\$42.30	\$47.95	\$47.95
\$37,333	\$600	\$24.84	\$26.52	\$24.24	\$23.10	\$24.84	\$27.06	\$32.16	\$41.76	\$50.76	\$57.54	\$57.54
\$42,333	\$700	\$28.98	\$30.94	\$28.28	\$26.95	\$28.98	\$31.57	\$37.52	\$48.72	\$59.22	\$67.13	\$67.13
\$47,333	\$800	\$33.12	\$35.36	\$32.32	\$30.80	\$33.12	\$36.08	\$42.88	\$55.68	\$67.68	\$76.72	\$76.72
\$52,333	\$900	\$37.26	\$39.78	\$36.36	\$34.65	\$37.26	\$40.59	\$48.24	\$62.64	\$76.14	\$86.31	\$86.31
\$57,333	\$1,000	\$41.40	\$44.20	\$40.40	\$38.50	\$41.40	\$45.10	\$53.60	\$69.60	\$84.60	\$95.90	\$95.90
\$62,333	\$1,100	\$45.54	\$48.62	\$44.44	\$42.35	\$45.54	\$49.61	\$58.96	\$76.56	\$93.06	\$105.49	\$105.49
\$67,333	\$1,200	\$49.68	\$53.04	\$48.48	\$46.20	\$49.68	\$54.12	\$64.32	\$83.52	\$101.52	\$115.08	\$115.08
\$72,333	\$1,300	\$53.82	\$57.46	\$52.52	\$50.05	\$53.82	\$58.63	\$69.68	\$90.48	\$109.98	\$124.67	\$124.67
\$77,333	\$1,400	\$57.96	\$61.88	\$56.56	\$53.90	\$57.96	\$63.14	\$75.04	\$97.44	\$118.44	\$134.26	\$134.26
\$82,333	\$1,500	\$62.10	\$66.30	\$60.60	\$57.75	\$62.10	\$67.65	\$80.40	\$104.40	\$126.90	\$143.85	\$143.85
\$87,333	\$1,600	\$66.24	\$70.72	\$64.64	\$61.60	\$66.24	\$72.16	\$85.76	\$111.36	\$135.36	\$153.44	\$153.44
\$92,333	\$1,700	\$70.38	\$75.14	\$68.68	\$65.45	\$70.38	\$76.67	\$91.12	\$118.32	\$143.82	\$163.03	\$163.03
\$97,333	\$1,800	\$74.52	\$79.56	\$72.72	\$69.30	\$74.52	\$81.18	\$96.48	\$125.28	\$152.28	\$172.62	\$172.62
\$102,333	\$1,900	\$78.66	\$83.98	\$76.76	\$73.15	\$78.66	\$85.69	\$101.84	\$132.24	\$160.74	\$182.21	\$182.21
\$112,333	\$2,000	\$82.80	\$88.40	\$80.80	\$77.00	\$82.80	\$90.20	\$107.20	\$139.20	\$169.20	\$191.80	\$191.80
\$122,333	\$2,100	\$86.94	\$92.82	\$84.84	\$80.85	\$86.94	\$94.71	\$112.56	\$146.16	\$177.66	\$201.39	\$201.39
\$132,333	\$2,200	\$91.08	\$97.24	\$88.88	\$84.70	\$91.08	\$99.22	\$117.92	\$153.12	\$186.12	\$210.98	\$210.98
\$142,333	\$2,300	\$95.22	\$101.66	\$92.92	\$88.55	\$95.22	\$103.73	\$123.28	\$160.08	\$194.58	\$220.57	\$220.57
\$152,333	\$2,400	\$99.36	\$106.08	\$96.96	\$92.40	\$99.36	\$108.24	\$128.64	\$167.04	\$203.04	\$230.16	\$230.16
\$162,333	\$2,500	\$103.50	\$110.50	\$101.00	\$96.25	\$103.50	\$112.75	\$134.00	\$174.00	\$211.50	\$239.75	\$239.75

Option 2 (30-Day EP)

Minimum Annual Salary Required	Weekly Benefit	Age <24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$8,666	\$100	\$2.35	\$2.63	\$2.44	\$2.44	\$2.73	\$3.20	\$4.14	\$5.08	\$5.83	\$6.02	\$6.02
\$17,333	\$200	\$4.70	\$5.26	\$4.88	\$4.88	\$5.46	\$6.40	\$8.28	\$10.16	\$11.66	\$12.04	\$12.04
\$22,333	\$300	\$7.05	\$7.89	\$7.32	\$7.32	\$8.19	\$9.60	\$12.42	\$15.24	\$17.49	\$18.06	\$18.06
\$27,333	\$400	\$9.40	\$10.52	\$9.76	\$9.76	\$10.92	\$12.80	\$16.56	\$20.32	\$23.32	\$24.08	\$24.08
\$32,333	\$500	\$11.75	\$13.15	\$12.20	\$12.20	\$13.65	\$16.00	\$20.70	\$25.40	\$29.15	\$30.10	\$30.10
\$37,333	\$600	\$14.10	\$15.78	\$14.64	\$14.64	\$16.38	\$19.20	\$24.84	\$30.48	\$34.98	\$36.12	\$36.12
\$42,333	\$700	\$16.45	\$18.41	\$17.08	\$17.08	\$19.11	\$22.40	\$28.98	\$35.56	\$40.81	\$42.14	\$42.14
\$47,333	\$800	\$18.80	\$21.04	\$19.52	\$19.52	\$21.84	\$25.60	\$33.12	\$40.64	\$46.64	\$48.16	\$48.16
\$52,333	\$900	\$21.15	\$23.67	\$21.96	\$21.96	\$24.57	\$28.80	\$37.26	\$45.72	\$52.47	\$54.18	\$54.18
\$57,333	\$1,000	\$23.50	\$26.30	\$24.40	\$24.40	\$27.30	\$32.00	\$41.40	\$50.80	\$58.30	\$60.20	\$60.20
\$62,333	\$1,100	\$25.85	\$28.93	\$26.84	\$26.84	\$30.03	\$35.20	\$45.54	\$55.88	\$64.13	\$66.22	\$66.22
\$67,333	\$1,200	\$28.20	\$31.56	\$29.28	\$29.28	\$32.76	\$38.40	\$49.68	\$60.96	\$69.96	\$72.24	\$72.24
\$72,333	\$1,300	\$30.55	\$34.19	\$31.72	\$31.72	\$35.49	\$41.60	\$53.82	\$66.04	\$75.79	\$78.26	\$78.26
\$77,333	\$1,400	\$32.90	\$36.82	\$34.16	\$34.16	\$38.22	\$44.80	\$57.96	\$71.12	\$81.62	\$84.28	\$84.28
\$82,333	\$1,500	\$35.25	\$39.45	\$36.60	\$36.60	\$40.95	\$48.00	\$62.10	\$76.20	\$87.45	\$90.30	\$90.30
\$87,333	\$1,600	\$37.60	\$42.08	\$39.04	\$39.04	\$43.68	\$51.20	\$66.24	\$81.28	\$93.28	\$96.32	\$96.32
\$92,333	\$1,700	\$39.95	\$44.71	\$41.48	\$41.48	\$46.41	\$54.40	\$70.38	\$86.36	\$99.11	\$102.34	\$102.34
\$97,333	\$1,800	\$42.30	\$47.34	\$43.92	\$43.92	\$49.14	\$57.60	\$74.52	\$91.44	\$104.94	\$108.36	\$108.36
\$102,333	\$1,900	\$44.65	\$49.97	\$46.36	\$46.36	\$51.87	\$60.80	\$78.66	\$96.52	\$110.77	\$114.38	\$114.38
\$112,333	\$2,000	\$47.00	\$52.60	\$48.80	\$48.80	\$54.60	\$64.00	\$82.80	\$101.60	\$116.60	\$120.40	\$120.40
\$122,333	\$2,100	\$49.35	\$55.23	\$51.24	\$51.24	\$57.33	\$67.20	\$86.94	\$106.68	\$122.43	\$126.42	\$126.42
\$132,333	\$2,200	\$51.70	\$57.86	\$53.68	\$53.68	\$60.06	\$70.40	\$91.08	\$111.76	\$128.26	\$132.44	\$132.44
\$142,333	\$2,300	\$54.05	\$60.49	\$56.12	\$56.12	\$62.79	\$73.60	\$95.22	\$116.84	\$134.09	\$138.46	\$138.46
\$152,333	\$2,400	\$56.40	\$63.12	\$58.56	\$58.56	\$65.52	\$76.80	\$99.36	\$121.92	\$139.92	\$144.48	\$144.48
\$162,333	\$2,500	\$58.75	\$65.75	\$61.00	\$61.00	\$68.25	\$80.00	\$103.50	\$127.00	\$145.75	\$150.50	\$150.50



Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

! If you don't sign up now but decide to apply later, you may have to answer medical questions.

Consider your monthly expenses

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total monthly expenses	\$ _____

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:¹

- Cancer
- Back disorders
- Injuries and poison
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

What else is included?

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

How much coverage can I get?

You*	Coverage amounts
	Cover 60% of your monthly income, up to a maximum payment of \$6,000. The monthly benefit may be reduced or offset by other sources of income.
	*See the Legal Disclosures for more information.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits for 2 years or to age 65.

¹ Unum internal data, 2015. Note: Causes are listed in ranked order.

Long Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by City of Durham for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws, including a temporary disability benefit under a workers’ compensation law
- State compulsory benefit laws
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Unum

Long Term Disability Insurance (LTD) Monthly Premiums

Option 1 (Benefit to Age 65)

Annual Salary	Monthly Benefit	Age <24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60+
\$15,000	\$750	\$2.88	\$3.00	\$3.88	\$4.88	\$6.50	\$9.13	\$12.00	\$16.00	\$27.00
\$20,000	\$1,000	\$3.83	\$4.00	\$5.17	\$6.50	\$8.67	\$12.17	\$16.00	\$21.33	\$36.00
\$25,000	\$1,250	\$4.79	\$5.00	\$6.46	\$8.13	\$10.83	\$15.21	\$20.00	\$26.67	\$45.00
\$30,000	\$1,500	\$5.75	\$6.00	\$7.75	\$9.75	\$13.00	\$18.25	\$24.00	\$32.00	\$54.00
\$35,000	\$1,750	\$6.71	\$7.00	\$9.04	\$11.38	\$15.17	\$21.29	\$28.00	\$37.33	\$63.00
\$40,000	\$2,000	\$7.67	\$8.00	\$10.33	\$13.00	\$17.33	\$24.33	\$32.00	\$42.67	\$72.00
\$45,000	\$2,250	\$8.63	\$9.00	\$11.63	\$14.63	\$19.50	\$27.38	\$36.00	\$48.00	\$81.00
\$50,000	\$2,500	\$9.58	\$10.00	\$12.92	\$16.25	\$21.67	\$30.42	\$40.00	\$53.33	\$90.00
\$55,000	\$2,750	\$10.54	\$11.00	\$14.21	\$17.88	\$23.83	\$33.46	\$44.00	\$58.67	\$99.00
\$60,000	\$3,000	\$11.50	\$12.00	\$15.50	\$19.50	\$26.00	\$36.50	\$48.00	\$64.00	\$108.00
\$65,000	\$3,250	\$12.46	\$13.00	\$16.79	\$21.13	\$28.17	\$39.54	\$52.00	\$69.33	\$117.00
\$70,000	\$3,500	\$13.42	\$14.00	\$18.08	\$22.75	\$30.33	\$42.58	\$56.00	\$74.67	\$126.00
\$75,000	\$3,750	\$14.38	\$15.00	\$19.38	\$24.38	\$32.50	\$45.63	\$60.00	\$80.00	\$135.00
\$80,000	\$4,000	\$15.33	\$16.00	\$20.67	\$26.00	\$34.67	\$48.67	\$64.00	\$85.33	\$144.00
\$85,000	\$4,250	\$16.29	\$17.00	\$21.96	\$27.63	\$36.83	\$51.71	\$68.00	\$90.67	\$153.00
\$90,000	\$4,500	\$17.25	\$18.00	\$23.25	\$29.25	\$39.00	\$54.75	\$72.00	\$96.00	\$162.00
\$95,000	\$4,750	\$18.21	\$19.00	\$24.54	\$30.88	\$41.17	\$57.79	\$76.00	\$101.33	\$171.00
\$100,000	\$5,000	\$19.17	\$20.00	\$25.83	\$32.50	\$43.33	\$60.83	\$80.00	\$106.67	\$180.00
\$105,000	\$5,250	\$20.13	\$21.00	\$27.13	\$34.13	\$45.50	\$63.88	\$84.00	\$112.00	\$189.00
\$110,000	\$5,500	\$21.08	\$22.00	\$28.42	\$35.75	\$47.67	\$66.92	\$88.00	\$117.33	\$198.00
\$115,000	\$5,750	\$22.04	\$23.00	\$29.71	\$37.38	\$49.83	\$69.96	\$92.00	\$122.67	\$207.00
\$120,000	\$6,000	\$23.00	\$24.00	\$31.00	\$39.00	\$52.00	\$73.00	\$96.00	\$128.00	\$216.00

Option 2 (Two Year Benefit Period)

Annual Salary	Monthly Benefit	Age <24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60+
\$15,000	\$750	\$0.88	\$1.00	\$1.13	\$1.63	\$2.00	\$2.88	\$3.88	\$5.00	\$8.50
\$20,000	\$1,000	\$1.17	\$1.33	\$1.50	\$2.17	\$2.67	\$3.83	\$5.17	\$6.67	\$11.33
\$25,000	\$1,250	\$1.46	\$1.67	\$1.88	\$2.71	\$3.33	\$4.79	\$6.46	\$8.33	\$14.17
\$30,000	\$1,500	\$1.75	\$2.00	\$2.25	\$3.25	\$4.00	\$5.75	\$7.75	\$10.00	\$17.00
\$35,000	\$1,750	\$2.04	\$2.33	\$2.63	\$3.79	\$4.67	\$6.71	\$9.04	\$11.67	\$19.83
\$40,000	\$2,000	\$2.33	\$2.67	\$3.00	\$4.33	\$5.33	\$7.67	\$10.33	\$13.33	\$22.67
\$45,000	\$2,250	\$2.63	\$3.00	\$3.38	\$4.88	\$6.00	\$8.63	\$11.63	\$15.00	\$25.50
\$50,000	\$2,500	\$2.92	\$3.33	\$3.75	\$5.42	\$6.67	\$9.58	\$12.92	\$16.67	\$28.33
\$55,000	\$2,750	\$3.21	\$3.67	\$4.13	\$5.96	\$7.33	\$10.54	\$14.21	\$18.33	\$31.17
\$60,000	\$3,000	\$3.50	\$4.00	\$4.50	\$6.50	\$8.00	\$11.50	\$15.50	\$20.00	\$34.00
\$65,000	\$3,250	\$3.79	\$4.33	\$4.88	\$7.04	\$8.67	\$12.46	\$16.79	\$21.67	\$36.83
\$70,000	\$3,500	\$4.08	\$4.67	\$5.25	\$7.58	\$9.33	\$13.42	\$18.08	\$23.33	\$39.67
\$75,000	\$3,750	\$4.38	\$5.00	\$5.63	\$8.13	\$10.00	\$14.38	\$19.38	\$25.00	\$42.50
\$80,000	\$4,000	\$4.67	\$5.33	\$6.00	\$8.67	\$10.67	\$15.33	\$20.67	\$26.67	\$45.33
\$85,000	\$4,250	\$4.96	\$5.67	\$6.38	\$9.21	\$11.33	\$16.29	\$21.96	\$28.33	\$48.17
\$90,000	\$4,500	\$5.25	\$6.00	\$6.75	\$9.75	\$12.00	\$17.25	\$23.25	\$30.00	\$51.00
\$95,000	\$4,750	\$5.54	\$6.33	\$7.13	\$10.29	\$12.67	\$18.21	\$24.54	\$31.67	\$53.83
\$100,000	\$5,000	\$5.83	\$6.67	\$7.50	\$10.83	\$13.33	\$19.17	\$25.83	\$33.33	\$56.67
\$105,000	\$5,250	\$6.13	\$7.00	\$7.88	\$11.38	\$14.00	\$20.13	\$27.13	\$35.00	\$59.50
\$110,000	\$5,500	\$6.42	\$7.33	\$8.25	\$11.92	\$14.67	\$21.08	\$28.42	\$36.67	\$62.33
\$115,000	\$5,750	\$6.71	\$7.67	\$8.63	\$12.46	\$15.33	\$22.04	\$29.71	\$38.33	\$65.17
\$120,000	\$6,000	\$7.00	\$8.00	\$9.00	\$13.00	\$16.00	\$23.00	\$31.00	\$40.00	\$68.00

Unum

Opportunities to Enroll & Change Coverage Amounts Available at Open Enrollment & Mid-Year

Supplemental Life Insurance and AD&D Benefits

Special One-Time Open Enrollment Changes Available Effective July 1, 2018

An employee and/or spouse can add new coverage or increase current coverage up to guarantee issue *without any health questions*. Reminders:

- ✓ Guarantee issue on employees is \$200,000. Guarantee issue on spouses is \$50,000.
- ✓ The amount of the spouse's voluntary life coverage may not exceed the amount of the employee's voluntary life coverage.

Employees can add or increase child(ren) voluntary life coverage at open enrollment *without any health questions*. Reminder:

- ✓ An employee must have at least \$10,000 voluntary life coverage in order to elect voluntary life coverage for children.

New enrollment in excess of guarantee issue and increases in coverage in excess of guarantee issue are subject to Evidence to Insurability (EOI).

An employee, spouse, or child(ren) may decrease coverage by any amount or terminate coverage at open enrollment without any health questions.

Qualifying Event Changes Available Mid-Year

Within 31 days of **Marriage, Birth or Adoption, or Loss of Employment/Coverage**, an employee, spouse, or child(ren) may add or increase voluntary life insurance.

An employee or spouse **currently enrolled** in coverage less than guarantee issue can increase coverage by \$10,000 *without health questions*. Reminders:

- ✓ Guarantee issue on employees is \$200,000. Guarantee issue on spouses is \$50,000.
- ✓ The amount of the spouse's voluntary life coverage may not exceed the amount of the employee's voluntary life coverage.

Employees can also elect child(ren) coverage up to guarantee issue *without health questions*.

- ✓ An employee must have at least \$10,000 voluntary life coverage in order to elect voluntary life coverage for children.

New enrollment and all other increases in coverage are subject to Evidence to Insurability (EOI).

Short-Term Disability

Open Enrollment Changes Available Effective July 1, 2018

Employees may enroll for the first time in Short-Term Disability protection or increase amounts of coverage *without any health questions*, however resulting coverage is subject to a preexisting conditions waiting period of 3 months / 12 months, meaning that for conditions present 3 months prior to the effective date of coverage, no benefits will be payable for 12 months after the effective date of coverage.

An employee may decrease coverage by any amount or terminate coverage at open enrollment without any health questions.

Qualifying Event Changes Available Mid-Year

Within 31 days of **Marriage, Birth or Adoption** an employee may add or increase Short-Term Disability protection subject to Evidence to Insurability (EOI).

Long-Term Disability

Open Enrollment Changes Available Effective July 1, 2018

Employees may enroll for the first time in Long-Term Disability protection or increase coverage *without any health questions*, however resulting coverage is subject to a preexisting conditions waiting period of 3 months / 12 months, meaning that for conditions present 3 months prior to the effective date of coverage, no benefits will be payable for 12 months after the effective date of coverage.

An employee may decrease coverage or terminate coverage at open enrollment without any health questions.

Qualifying Event Changes Available Mid-Year

Within 31 days of **Marriage, Birth or Adoption** an employee may add Long-Term Disability protection subject to Evidence to Insurability (EOI).

City of Durham

FSA Rules to Remember

Plan Year

July 1, 2018 - June 30, 2019

Grace Period

An extension of the plan year during which expenses can be incurred. Participants have until September 15, 2019 to incur expenses for the 2018-2019 plan year.

Run-Out Period

You have until September 30, 2019 to submit for expenses incurred during the plan year of July 1, 2018 - June 30, 2019.

Use or Lose Rule

You will lose any remaining balances at the end of the run-out period.

Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

www.padmin.com



WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for medical, dental, vision, and child care/elder care expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA.

ACCOUNTS AVAILABLE

Health FSA

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

Maximum election amount: \$2,650

Dependent Care/Daycare Assistance Account

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities.

Maximum election amount: \$5,000

This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Note: the complete FSA brochure is available for you on the P&A Group website at www.padmin.com.

FLEXIBLE SPENDING ACCOUNT

P&A BENEFITS CARD

Your employer offers a Benefits MasterCard for employees who participate in the plan. The Benefits MasterCard works like a debit card. When you incur an eligible expense present your Benefits Card to the provider of the goods or services you are purchasing. Swipe your card at the point-of-service and the expense will automatically be deducted from your FSA balance. If you are unable to use your Benefits Card you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases we encourage you to save your receipts in case documentation is requested. **NOTE:** This card cannot be used at an ATM machine to withdraw cash.

Your debit card is valid for three years from the date of issue. If this is your third year enrolling with P&A Group, you may be receiving a new benefits card in the mail. When it is time for you to receive a new card your card will automatically be mailed to your home address in a plain white envelope.

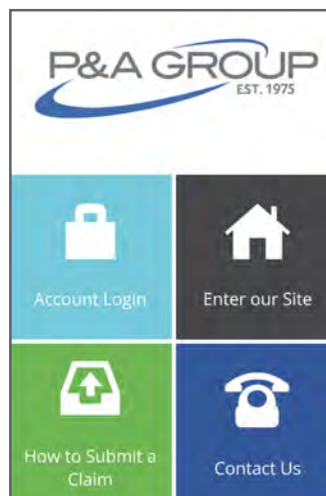


HOW TO SUBMIT A CLAIM

QuikClaim

Instantly submit claims and receipts directly from your smartphone.

1. Capture a picture of your receipt or other supporting documentation of your eligible expense.
2. Log into your P&A Account at www.padmin.com from your mobile device by selecting **Account Login** and follow the prompts on your screen.



Electronic Claim Upload

Submit claims directly online at P&A's website www.padmin.com by logging into your P&A account. Select **Upload a Claim** under the **Member Tools** tab.

Fax or Mail a Paper Claim

Claim forms are available online at www.padmin.com.

FAX: (877) 855-7105

MAIL: P&A Group 17 Court St. Ste 500 Buffalo, NY 14202

When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

HOW TO ENROLL

Complete your enrollment online via the City's Employee Navigator enrollment system. **NOTE:** You do not need to be enrolled in the City's health insurance plan in order to participate in the FSA.

FSA CALCULATOR

Use this online tool to help estimate your calculated savings when you sign up for an FSA. Log into your account at www.padmin.com to access the calculator or go to www.padmin.com, select **Benefit Programs**, then **Tools & Resources**.

TEXT MESSAGING FEATURES

Log into your online P&A Account and update your profile with your mobile number. Then text one of the codes below to the number 70626 and you'll receive a text message with your account information!

- Account balance - text BAL
- Claim status - text CLM
- Deposit update - text DEP

QUESTIONS?

Customer service hours are M - F, 8:30AM - 10:00PM ET.

PH: (800) 688-2611

WEB: www.padmin.com

MAIL: 17 Court Street,
Suite 500
Buffalo, NY 14202

What is a Health Reimbursement Arrangement (HRA)?

A Health Reimbursement Arrangement is a benefit sponsored and completely funded by your employer. This benefit allows the City of Durham to contribute money for out-of-pocket medical expenses that you must pay before your health insurance deductible is met. Employer contributions are put into an account that is set up in your name. Account funds are re-set at the beginning of every plan year.

Eligibility

Full-time employees who are enrolled in Aetna insurance and complete a Quest Diagnostic Biometric Screening* between July 1, 2018 and November 30, 2018 will receive the HRA. The HRA is also available to:

- spouse/dependent(s) who are covered under your health insurance plan
- retirees who continue their Aetna health coverage

*Upon completion of the Biometric Screening, print a copy of the confirmation page and keep it for your records. You are required to include this with any claims submitted during the first four months of the plan year.

Your HRA Contribution Amount

Health Insurance Level	Annual HRA Contribution Amount
Single	\$250
Family	\$250

What Types of Expenses are Reimbursable Under the Plan?

- In-network medical expenses
- Co-insurance
- Prescriptions
- Diagnostic testing
- Durable medical equipment

How Does the HRA Work?

When you incur an eligible expense, pay for the expense out-of-pocket and submit a claim to P&A Group for reimbursement. Claims must also include a copy of the itemized receipt of your eligible expense and a copy of your Explanation of Benefits (EOB). (See *claim submission options in the next column*).

REMINDER: Claims submitted between July 1, 2018 - November 30, 2018, must include a copy of your Quest Diagnostic Biometric Screening confirmation page.

Getting Your Reimbursement

Once P&A Group processes your claim, you can receive reimbursement one of two ways:

- a check mailed to your home mailing address
- enroll in direct deposit

Direct deposit is the quickest and easiest way to get your reimbursement! To enroll in direct deposit, log into your P&A Group Account and click **Direct Deposit** under **Quick Links**.

Claim Submission Options

Option 1 - QuikClaim — submit claims and receipts from your smartphone when you log into your account from your mobile device at www.padmin.com.

Option 2 - Electronic Claim Upload — upload a claim to P&A Group's website at www.padmin.com. Log into your account and follow the prompts on your screen.

Option 3 - Fax or Mail a Claim Form — complete a claim form and submit it via fax or mail to P&A Group for processing, along with all receipts and required documentation. Claim forms are available when you log into your account.

Fax: (877) 855-7105

Mail: 17 Court Street | Suite 500 | Buffalo, NY 14202

Important Plan Dates

Plan Year: July 1, 2018 - June 30, 2019

Plan Run Out-Date: September 30, 2019. You have until this date to submit claims for reimbursement of eligible expenses incurred during the plan year, July 1, 2018 - June 30, 2019.

P&A Group Customer Service

Customer service agents are available to assist you with questions about your plan. Call P&A Group's customer service team or chat with an agent through live web chat at www.padmin.com (click **Online Chat** at the top of the page.)

HOURS: Monday - Friday, 8:30 am - 10:00 pm ET

PHONE: (800) 688-2611 | **WEB:** www.padmin.com



With Voluntary Insurance from Allstate Benefits, you can rest easy knowing your future is a little more secure.

Coverage Highlights

Term to Age 100 Life Insurance

Without a Term Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses, should a breadwinner die unexpectedly. This product offers a guaranteed premium to age 100.

Group Voluntary Cancer

Group Voluntary Cancer coverage pays cash benefits for cancer and 29 specified diseases, to help with the costs of treatments and expenses as they happen.

Group Voluntary Critical Illness

Critical Illness Insurance pays benefits that can be used for non-medical, critical illness-related expenses that your health insurance might not cover. The Group Voluntary Critical Illness benefit is in the form of a lump-sum payment, which is paid to you at diagnosis.

Group Voluntary Accident

Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

Group Indemnity Medical

Our indemnity medical coverage helps offer peace of mind when a hospitalization occurs.

Premiums are affordable

Allstate Benefits plans offer cash benefits that you can use for things like:

- deductibles
- out-of-pocket medical expenses
- child care while you are ill
- gas for your car
- over-the-counter medications
- anything else you need!

**Offered to the employees of:
City of Durham**



ABJ34547X. This material is valid as long as information remains current, but in no event later than March 1, 2021. Benefits provided by the following forms, or state variations thereof: GPTLP, GVCP3, GVCIP2, GVAP6, and GVSP2. Accident, Critical Illness, and Indemnity Medical coverage is provided by Limited Benefit Supplemental Insurance which is underwritten by American Heritage Life Insurance Company, Home Office, Jacksonville, FL. For costs and complete details, including availability, variations by state, exclusions, and limitations, contact your Allstate Benefits Agent. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com



Keep your finances afloat

Filing your claim is as easy as 1-2-3!

LOG IN TO YOUR **MyBenefits** ACCOUNT AT
www.allstatebenefits.com/mybenefits

1

2

DOWNLOAD A CLAIM FORM

From your Home Page on **MyBenefits**, select **Help Center**.

Click **Forms Library**.

Under **Your Forms**, select **View and Download** for your Claim Form.

COMPLETE AND UPLOAD YOUR CLAIM FORM

From your Home Page on **MyBenefits**, select **Upload Center**.

Select your coverage number and the form type (Upload a claim document).

Click **Upload Documents** (repeat for supporting documents), then click **Submit Files**.

(You may also mail or fax your claim. Contact information is included on the claim form.)

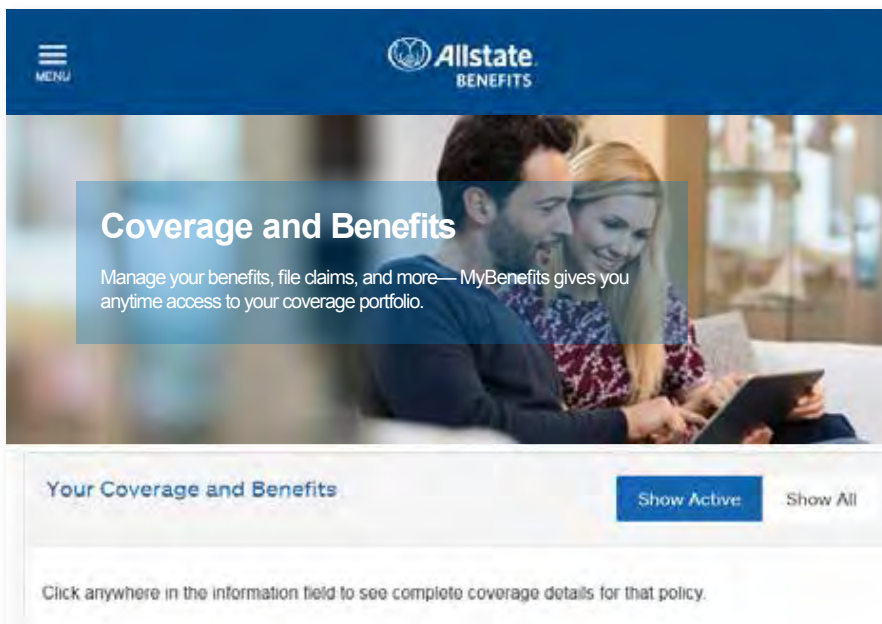
3

To find out more about what the MyBenefits site can offer, [see next page](#).

ABJ34559X

MyBenefits

Innovative online capabilities at your fingertips



1. Online Access 24/7

Access your claim and benefit information anytime, day or night.

2. Fast File

Complete your claim submission online for quick processing. Use your mobile device to take a picture of your documents and submit using your smartphone, tablet or PC.

3. Express Claims Process

Have your Wellness or Outpatient Physician's Treatment benefit claim processed within 48 hours (supporting documentation required) by filing through our Express option. Elect to have your claim benefit payment directly deposited into your checking account.

4. Coverage Information

Print or view your coverage details or certificates on existing coverage.

5. Help Center

Gives you anytime access to our Forms Library, Upload Center, contact information and recent account activity.

6. Message Center

Alerts you of claim status updates and other important information.

7. Mobile Friendly

Use your mobile device to upload pictures of your claim forms and supporting documents.



For questions, please contact the Allstate Benefits Customer Care Center at

1-800-521-3535



This material is valid as long as information remains current, but in no event later than March 1, 2021.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Smart. Simple. Affordable.®

\$18.00 per month

MetLaw -- covers you, your spouse and dependents. Telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. **E-Services** -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review

- Any Personal Legal Documents

Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™**

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

Hyatt Legal Plans
A MetLife Company

For More Information: Visit our website info.legalplans.com and enter access code: **GetLaw** or call our Client Service Center at **1-800-821-6400** Monday - Friday from 8am to 8pm (Eastern Time).

Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife® and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply. ML2 L1217501229[exp0119][All States][DC,PR]

The City of Durham partners exclusively with Liberty Mutual to help you save \$782 or more a year on auto and home insurance.¹



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You could **save up to \$782 a year**, and you'll have access to all the advantages of being a Liberty Mutual customer:



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Online or by phone



Accident Forgiveness²

No premium increase due to an initial accident



24-Hour Roadside Assistance³

Real help when you need it



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Contact me for a free quote or visit www.libertymutual.com/durham

Melissa Kiner LUTCF
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Raleigh, NC 27607
919-985-8709
Melissa.Kiner@LibertyMutual.com
Client # 115365

This organization receives financial support for offering this auto and home benefits program.

¹ Average combined annual savings based on countrywide survey of new customers from 1/1/15 to 1/29/16 who reported their prior insurers' premiums when they switched to Liberty Mutual. Savings comparison does not apply in MA. ² For qualifying customers only. Accident Forgiveness is subject to terms and conditions of Liberty Mutual's underwriting guidelines. Not available in CA and may vary by state. ³ With the purchase of optional Towing & Labor coverage. Applies to mechanical breakdowns and disablements only. Towing related to accidents would be covered under your Collision or Other Than Collision coverage.

Coverage provided and underwritten by Liberty Mutual Insurance and its affiliates, 175 Berkeley Street, Boston MA 02116.

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Valid through June 8, 2018.

Advantages of Long-Term Care Insurance

7 reasons you should consider Long-Term Care Insurance for you and your family

Risk management is an important issue to consider when planning your retirement and financial future. Some risk management choices include:

- 1) avoiding the risk,
- 2) retaining the risk, or
- 3) transferring the risk.

When it comes to the issue of long-term care, people may avoid the risk because they don't understand the potential for needing services. They may choose to retain the risk because they don't understand the potentially high cost of care. Or they may transfer the risk as part of a carefully considered retirement and financial plan. Each person's decision-making process is driven by different concerns and priorities. Here are seven reasons you should consider transferring the risk of a long-term care experience* through the purchase of long-term care insurance from New York Life Insurance Company (New York Life).

Economics - Protecting your assets

In the absence of other resources such as insurance, it may be necessary to pay for long-term care expenses out of pocket. This could involve selling off assets, borrowing from an investment or retirement account, or even taking a loan against your life insurance. These options, although possible, are probably not what you had in mind when you purchased life insurance or began saving for your future. Long-term care insurance may be an affordable way to help protect a much larger portion of your financial and retirement plan against an unexpected need for care.

Opportunity Cost - Freeing up your money

If the choice is made to retain the risk and self-fund the potential cost of long-term care, you must set aside a considerable portion of your assets as a "rainy day" fund. By insuring part of this risk, those assets are free to support the quality of life desired for you and your spouse in retirement or to be used for other worthwhile purposes, such as charitable donations or special trusts and gifting to family members and friends.

Control - Having your own way

A bottom-line issue in long-term care is control. If you someday need long-term care services, you may find that you are not in a position to control how the funding of those costs is to be handled. Would you object if your family decided to liquidate some assets or sell something you value, such as a cherished collection, antiques, or a vacation home? If you were to become incapacitated, you might not have a say in the matter.

By insuring part of the risk, you help increase the possibility that your assets will be handled and distributed according to your wishes.

Another important element of control is deciding where care will be provided. Long-term care services may be provided in any number of settings including your home, a residential care facility, adult day care, or nursing facility. Being able to decide where you wish to receive care is often tied to your financial resources at the time of need.

*Long-term care involves substantial assistance from another individual to perform 2 or more activities of daily living which are bathing, eating, dressing, toileting, transferring and continence due to a loss of functional capacity expected to last at least 90 days or substantial supervision due to a severe cognitive impairment such as Alzheimer's disease.

New York Life Insurance Company

281836HO (CA) (0313)



The Company You Keep®

Risk Management Logic - Recognizing a legitimate risk

Ask yourself these questions: Could you afford the day-to-day expenses without an income due to a disability? Could you afford good medical care for your family? Would your family be financially stable if you unexpectedly died?

If the answer is “Yes,” you probably have insurance to protect you and your family from these losses. Long-Term Care insurance can provide additional benefits to help safeguard your assets and can secure your quality of care if and when you need it.

Quality of Care - The privilege of choosing your caregiver

Most people agree that the preferred place to receive quality care is in the privacy and comfort of your own home. However, depending on the type of care you receive, home care may be just as expensive as care received in a facility. By insuring for the long-term care risk, you may be assured that care expenses will be less of a concern when receiving the best home care available. Having additional resources to help cover the cost of home care may also make the difference between staying at home and having to relocate to a care facility. Should institutional care better fit your needs, you may have funds on hand to pay for the facility you prefer, rather than one you can afford.

Timing - Creating a window of time

Life insurance helps to provide a window of time for your heirs. This span of time helps to ensure that they do not have to liquidate assets right away to pay for estate or probate costs under possibly disadvantageous circumstances. Long-term care insurance can help in a similar manner. Assets may not need to be liquidated to fund long-term care costs—or at the very least, you may have time to think about how, when, and what you might like to liquidate.

Family Considerations - Stressful decisions

An unexpected need for long-term care services may create stress for family members confronted with issues of caregiving. Caregiving may take a physical toll on family members who may have to help with bathing, dressing, and other tasks associated with custodial care. It can also have a financial impact on family caregivers who have to miss time from work, change from full-time to part-time employment, or even leave their job completely. Finally, caregiving may have an emotional impact on family members having to take care of Mom or Dad—someone whom they have always seen as strong and in control. Physical and mental illness sometimes brings an unexpected role-reversal to the parent-child relationship.

An option worth considering...

Long-term care insurance helps with these considerations by providing benefits and resources to help you and your family understand the options and determine the best source of care. Long-term care insurance provides options that you and your family may not know about or may not otherwise have the money to consider.

The purpose of this material is solicitation of insurance. An insurance agent may contact you. Long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with state identifier, where applicable and edition date. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your Agent or write the company.

281836HO (CA) (0313)

ED.06.06.14

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

Long-Term Care Insurance Division
6200 Bridgepoint Parkway
Suite 400
Austin, TX 78730-5006
www.newyorklife.com

COBRA Benefits

Continuing Your Coverage

Under certain circumstances, you may continue your health care coverage when it would otherwise end through COBRA. COBRA contains a provision giving certain former employees, retirees, spouses, certified dependents, and/or dependent children the right to temporary continuation of health coverage at group rates.

However, this coverage is only available in specific instances. Group health coverage for COBRA participants is more expensive than health coverage for active employees since the City pays a part of its employees' insurance premiums. The COBRA rates will be the total cost of the health coverage listed on the "Health and Dental Rate" page of this book plus a 2% administration fee.

If you are an employee of the City of Durham covered by its health insurance, dental insurance, vision insurance, or have a health care flexible spending account, you have a right to choose this continuation coverage for yourself and your covered dependents if:

- You lose your coverage under the plan because of a reduction in your hours or employment.
- Your employment is terminated for reasons other than gross misconduct on your part.

Once notified that one of these events has happened, the City's COBRA Administrator will notify you that you have the right to choose continuation coverage. You have 60 days from the date you receive the necessary election forms from the COBRA Administrator to inform the Administrator that you want continuation coverage.

If you do not choose continuation coverage, your coverage under the City's plan will end. If you choose continuation coverage, you will receive coverage identical to the coverage currently provided you under the plan. The law requires that you be given the opportunity to maintain coverage for up to 18 months due to loss of coverage resulting from a termination of employment or reduction in hours.

If you, or a dependent on continuation coverage, become disabled for purposes for Social Security during the first 60 days of continuation coverage, the affected individual qualifies for 29 months of continuation coverage. The City of Durham must receive notification of the disability determination within 60 days (and before the expiration of the original 18-month period) in order for the affected individual to qualify for this extension. You must also notify the City within 30 days of any final determination that the individual is no longer disabled.

Dependents

If you are the spouse/certified dependent of an employee covered by the City of Durham's health insurance or dental insurance plans, you have the right to choose

continuation coverage for yourself (and your covered dependents, if any) if you lose coverage under the plan for any of the following reasons:

- Death of your spouse/certified dependent
- Divorce or legal separation from your spouse
- Termination of your spouse's or certified dependent's employment (for reasons other than gross misconduct) or reduction in your spouse's or certified dependent's hours of employment
- Your spouse or certified dependent becomes eligible for Medicare and chooses Medicare as the primary payer

Covered dependent children of an employee have the right to continuation coverage if coverage under the plan is lost for any of the following reasons:

- Death of parent employed by the City of Durham
- Parent's divorce or legal separation
- Termination of the parent's employment (for reasons other than gross misconduct) or reduction in parent's hours of employment
- Parent employed by the City of Durham becomes eligible for Medicare and chooses Medicare as the primary payer

Under the continuation coverage law, the employee or a family member is responsible for informing the City of Durham's Human Resources Department of a divorce, or a legal separation within 30 days after this event occurs. Once notified that one of these events has occurred, the City's COBRA Administrator will notify you that you have the right to choose continuation coverage. You have 60 days from the date you receive the necessary election forms from the City's COBRA Administrator to inform the Administrator that you want continuation coverage.

If you do not choose continuation coverage, your coverage under the plan will end. If you choose continuation coverage, you will receive coverage identical to the coverage currently provided under the plan. The law requires that you be given the opportunity to maintain coverage for between 18 and 36 months, as applicable.

If you have any questions about COBRA, please contact the City's Administrator.

P & A Group
17 Court Street, Suite 500
Buffalo, NY 14202
Phone: 800-688-2611
Website: www.padmin.com

Time-Off Benefits



PAID HOLIDAYS (HRM 501-1)*

	2018	2019
New Year's Day	Monday, January 1	Tuesday, January 1
Martin L. King, Jr. Day	Monday, January 15	Monday, January 21
Good Friday	Friday, March 30	Friday, April 19
Memorial Day	Monday, May 28	Monday, May 27
Independence Day	Wednesday, July 4	Thursday, July 4
Labor Day	Monday, September 3	Monday, September 2
Veterans Day	Friday, November 12	Monday, November 11
Thanksgiving	Thursday, November 22 and Friday, November 23	Thursday, November 28 and Friday, November 29
Christmas	Monday, December 24, Tuesday, December 25, and Wednesday, December 26	Monday, December 23, Tuesday, December 24, and Wednesday, December 25

	2018	2019
New Year's Day	Monday, January 1	Tuesday, January 1
Martin L. King, Jr. Day	Monday, January 15	Monday, January 21
Good Friday	Friday, March 30	Friday, April 19
Memorial Day	Monday, May 28	Monday, May 27
Independence Day	Wednesday, July 4	Thursday, July 4
Labor Day	Monday, September 3	Monday, September 2
Veterans Day	Friday, November 12	Monday, November 11
Thanksgiving	Thursday, November 22 and Friday, November 23	Thursday, November 28 and Friday, November 29
Christmas	Monday, December 24, Tuesday, December 25, and Wednesday, December 26	Monday, December 23, Tuesday, December 24, and Wednesday, December 25

NOTE: Holiday schedule is subject to change at the discretion of the City of Durham and/or departments. Please check with your manager for your particular holiday schedule.

Paid Vacation Leave: HRM-502-2

Your annual paid vacation leave benefits are based upon your length of service with the City. The schedule below provides the accrual rate for years of service.

Years of Service	37.5 Hour Work Week	Annual Hours	7.5 Hour Day Equivalent (Rounded)	40 Hour Work Week	Annual Hours	8 Hour Day Equivalent (Rounded)
0 – 3 years	3.692	96	13	3.938	102.39	13
4 – 9 years	4.615	120	16	4.923	128.00	16
10 – 15 years	5.538	144	19	5.908	153.61	19
16 – 20 years	6.461	168	22	6.892	179.19	22
21+ years	7.384	192	26	7.877	204.80	26

Sick Leave: HRM-503-4

Sick leave is granted for each bi-weekly pay period worked or on paid leave. You are reminded that paid sick leave is a privilege; it should not be used as annual leave. The accumulation of sick leave begins on the bi-weekly pay period following your date of hire. You may accumulate sick leave indefinitely.

	37.5 Hour Work Week	40 Hour Work Week	Sworn Fire	Sworn Police
Sick Leave Hours Per Pay Period	3.692	3.938	5.539	5.539

Sick Leave Transfer: HRM-503-4

New hires are allowed to transfer an unlimited amount of sick leave time earned during their previous employment if the service time meets the following criteria:

- 1) Service was with a N.C. State government agency, N.C. Municipality, or N.C. County Government
- 2) Employment with this agency was immediately preceding employment with the City.
- 3) A letter on official letterhead from the previous employer stating the balance of sick leave hours at the time of separation must be received by HR Connect within the employee's first six months of employment.
- 4) Hours will not be posted to the sick leave accrual until probation has been successfully completed.

Shared Sick Leave: HRM-504-1

Sick leave can be donated, on a voluntary basis, from City employees to other City employees who have a critical illness or are involved in a verifiable medical emergency. This policy is only applicable for medical emergencies involving the employee or a member of the employee's immediate family.

Paid Temporary Disability Leave (PTD): HRM-535-2

The City of Durham offers employees that are classified as regular full-time and temporary-with benefits the use of PTD. It is designed for certain specified temporary disabilities for off-the-job injury/illness and non-compensable on-the-job/illness. Qualified employees will be paid their gross base salary for up to six (6) calendar weeks from the date of disability without charges to the employee's accumulated leave.

Family and Medical Leave: HRM-607-1

FMLA is up to 12 weeks of unpaid, protected job leave. FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. Employees are eligible for leave if they have worked at least 12 months, and at least 1,250 hours during that time.

If the employee wishes to receive pay while out on FMLA leave, the employee has the option of using paid leave in conjunction with unpaid FMLA leave. Under these circumstances, the absence will be charged against the employee's FMLA leave balance and the employee's paid leave balance.

Paid Parental Leave: HRM-609-1

As a benefit, the City of Durham offers employees who are non-probationary, full-time, and temporary with benefits up to 12 weeks of paid parental leave. As this leave runs concurrently with the FMLA program, employees must be FMLA eligible. Childbirth, adoption, and legal guardianship are covered by this policy, but leave will not be granted for the adoption of a spouse's child or certified dependent's child.

Civil Leave: HRM-604-1

The City provides time away from the job if you are required to serve as a juror or if you are requested or required to appear as a witness in an official City-related matter.

Volunteer Service Time: HRM-541-1

Employees who have at least one (1) year of City service are allowed up to 48 hours per year to perform volunteer for service in schools or in community programs.

Funeral Leave: HRM-525-1

Funeral Leave is established to provide time to make funeral arrangements, and for handling business matters concerning a death. Employees are granted 40 hours per calendar year and is available in the event of a death in the family.

Parent's Leave: HRM-540-1

The City of Durham will allow full-time, regular employees and temporary employees with benefits to immediately be released from work upon contact from the school principal, guidance counselor, nurse or teacher of the employee's child(ren) for discipline, academic or other emergency needs.

**For full policy detail, please visit the CODI policy site. All City of Durham employees are responsible for observing established policies, practices and procedures in the performance of assigned responsibilities. Please take some time to review these policies.*

Retirement Benefits

North Carolina Local Government Employee Retirement System (LGERS)

City of Durham employees are required to contribute to the LGERS at the rate of 6% of their salary until retirement, regardless of age. The City contributes 7.75% of your salary or 8.5% of your salary for law enforcement officers. Contributions to the retirement system are tax-deferred. State law provides that the City, as a participant in the North Carolina Local Governmental Employees' Retirement System, may shelter the contributions payable to the system by its employees who are members of the system. This provision enables eligible members to have state and federal income taxes on their contributions to their retirement deferred until after retirement.

The ORBIT online system allows members to access their individual account information on demand. You can review your salary history and reported earnings, service credits, and dates of participation as an active member of the retirement system. There are support tools available on ORBIT to assist you in estimating your monthly retirement benefit.

You can access the Retirement Benefits Handbook and the ORBIT online tool by visiting www.myncretirement.com. You can also find information relating to retirement, including the City of Durham Retirement policy, in the Retirement section of the Human Resources CODI webpage.

The CODI Retirement webpage is a helpful tool in understanding the benefits of your retirement. We encourage you to read through and share this information with your family. If you have any questions or concerns, you can call the HR Connect Team at 919-560-4214, or email HRConnect@DurhamNC.gov.

The City has other savings and investment options for employees who would like to participate. Your contributions are made through payroll deductions, which may be increased or decreased, by completing the appropriate forms. The City contributes 5% of your annual salary to a 401(k) plan with no matching requirement. For employees hired on or after July 1, 2008 the City requires 2% of their salary to be placed in a Retirement Health Savings (RHS) account, to which the City contributes \$35 per pay period.

Plan Name	Type	Tax - Advantage
401(k) Plan	Supplemental Retirement	Pre-tax
457 Deferred Compensation Plan	Supplemental Retirement	Pre-tax
Roth 401(k) or 457 Plan	Supplemental Retirement	Post-tax/interest tax free
ICMA-RC RHS	Retirement Health Savings	Pre-tax

Any employee interested in participating in any of the plans listed above should contact HR Connect for additional information.

About This Guide

This guide describes the benefit plans and policies available to you as an employee of the City of Durham. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. Additional information can be obtained through HR Connect at 919-560-4214 or email HRConnect@DurhamNC.gov. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan and policy documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Durham.

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